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MEDICAL JURISPRUDENCE.

PRACTICAL COMMENTARIES ON

DR. CHRISTISON'S PROCESSES FOR DETECTING POISONS.

ANTIMONY AND ITS PREPARATIONS.

THE preparations of antimony which are most likely to engage the attention of the toxicological chemist, are the tartar emetic, the precipitated sulphurets, and the chloride, or butter of antimony, which last, though scarcely noticed by Dr. Christison, is yet of no trivial importance. The physical properties of the two former require no notice; the last, it will be remembered, is prepared by boiling the sulphuret of antimony with muriatic acid, when sulphuretted hydrogen is expelled, and a chloride of antimony formed, which usually exists in the state of a gelatinous fluid, and which, when thrown into an alkaline solution, is decomposed, a white protoxide of antimony being thrown down. All the soluble preparations of antimony are decomposed by many organic substances, such as astringent vegetable infusions, &c.; they are also decomposed by sulphuretted hydrogen gas, an orange-red sulphuret of antimony being formed, which sulphuret, when treated with caustic potash, or subjected to the action of hydrogen gas, forms either a sulphuret of potassium or of hydrogen, and metallic antimony is set free. Metallic antimony, again, is a bluish-grey metal, fixed in the fire, except when exposed at the same time to currents of gaseous matter; when heated in an open tube, it is oxidated with the production of a white shining vapour.

Such are the leading chemical features of antimony, a correct understanding of which is essential before the processes approved by our author can be duly investigated.

Various authors have at different times recommended particular processes for the detection of this tribe of poisons; of these we may particularize that of Orfila, and the more recent one by Dr. Turner, which latter Dr. Christison recommends to be adopted. We quote the author's description, illustrated by a diminished drawing of the apparatus employed. It is necessary also to extract his brief account of Orfila's method:—

"Professor Orfila recommends the following compound process. Either the antimony exists in solution, or it has been rendered insoluble by vegetable principles. The suspected matter being filtered, therefore, both the fluid and the matter remaining on the filter must be submitted to analysis. The fluid is to be treated with sulphuretted hydrogen, and the precipitate collected and reduced with potass in a crucible. The solid part is to be incinerated, and reduced also. In both cases globules of metallic antimony are procured if that metal was present in the mixture.*

"This method is liable to some material objections. In the first place, if the fluid is alkaline, the sulphuretted hydrogen will not act; secondly, I have frequently found that the process of reduction does not answer on the small scale; and lastly, the double process may be dispensed with.

"A much better method of analysis is the following very simple and satisfactory process proposed by Dr. Turner. The subject of analysis is to be acidulated with a little muriatic and tartaric acids. The former will coagulate various animal principles which may be present. The latter Dr. Turner has found to possess the property of readily dissolving all precipitates whatsoever formed by reagents with tartar emetic, except that caused by sulphuretted hydrogen. Hence the addition of tartaric acid

* Toxicol. Gen. i. 481.

brings the whole of the antimony into the fluid, and consequently one-half of Orfila's process is dispensed with. The fluid so prepared is to be filtered, and a sulphuret formed and collected in the usual way. Dr. Turner found that the next step, the reduction of the sulphuret, cannot be effected on the small scale even in a crucible, much less of course in a tube; and on examining the flux, he discovered that a part of the sulphuret escapes decomposition, and that the metal which is reduced is too finely divided to be distinguishable. He was therefore led to propose the process of reduction by hydrogen (p. 354), which will develop antimony characteristically from only a tenth part of a grain of the sulphuret."

The experiment is performed by passing a current of hydrogen gas, generated in the larger bottle from diluted sulphuric acid, and iron filings or zinc. At page 354, Dr. Christison describes it thus:—

"The best mode of showing the presence of antimony in it, is the method of Dr. Turner, who proposes to place a little in a horizontal tube, to transmit hydrogen gas through the tube by means of the apparatus represented in the figure, and, when all the air of the apparatus is expelled, to apply heat to the sulphuret with a spirit-lamp. Sulphuretted hydrogen is evolved, and metallic antimony is left if the current of hydrogen is gentle, or it is sublimed if the current is rapid."†

"If the stream of gas is slow, the metal remains where the sulphuret was; if the stream is rapid, it undergoes a spurious sublimation, and condenses on the tube either in detached crystals or in the form of a shining crust. When there is much animal or vegetable matter present in the sulphuret, the metal is not always distinctly visible. In that case Dr. Turner recommends that it be heated in an open tube, when it oxidates and sublimes in the form of a white powder, which glimmers, but is not crystalline and adamantine like the oxide of arsenic.‡ A better method, however, is to dissolve the antimony by the action of nitric acid on the mixed material and broken fragments of the tube, and to throw down the orange sulphuret again from the neutralized solution by means of sulphuretted hydrogen.

"Dr. Turner's method I have repeated! found to be successful and manageable. But some practice is required to transmit the hydrogen gas with the proper rapidity. The gas ought to be allowed to pass for some time before the spirit-lamp flame is applied, otherwise the oxygen remaining in the apparatus may cause an explosion, or will oxidate the metallic antimony formed by the reduction of the sulphuret. Whenever the reduction of the sulphuret begins, the tube is blackened on account of the action of the sulphuretted hydrogen on the lead contained in the glass. This obscures the operations within the tube; but on subsequently breaking it, the metallic button or sublimate will be easily seen. I have generally found, that when the sulphuret was considerable in quantity, and the gaseous current slow, the metal remained where the sulphuret was; but if the mass of sulphuret was small and the current rapid, then the metal was sublimed and condensed in minute scaly crystals of great brilliancy.

"In a late paper, Orfila has defended his process against Dr. Turner's criticisms, and states, that either in a crucible or (if the quantity of sulphuret is small) in a tube heated by the blow-pipe with a "lampe à quatre mèches," globules may be procured; and that he has procured them in this manner from a sixth part of a grain with the black flux, or with a mixture of charcoal and a little potass.* I can only say that I have often tried Orfila's process, and always failed to procure distinct globules, unless the heat was intense, and then I have only sometimes succeeded. This process of reduction is certainly precarious; and, notwithstanding what Orfila has said in favour of his own method and against that of Dr. Turner, the latter has appeared to me much superior."

From repeated examinations of Dr. Turner's process, we feel entitled to assert, that though theoretically perfect, it is practically unsuited to the purposes of medico-legal analysis. The objections we consider it exposed to, are, in the first place, the great difficulty to its performance by unpractised persons, who always constitute the majority of persons interested in these cases, a difficulty which arises as well from the impossibility, in many instances, of obtaining tube apparatus of so complicated a kind, as, from the nicety of adjustment and manipulation, the experiment requires; secondly, that unless the hydrogen gas be very

† On the Detection of Antimony in mixed Fluids. Ed. Med. and Surg. Journ. xxviii. 71.

‡ Edin. Med. and Surg. Journ. xviii. 75.

* Arch. Gén. de Médecine, xvi. 85.

pure, the process increases in all its difficulties; if iron filings be employed, from the carbonaceous impurities and the sulphur which they contain, carburetted hydrogen and sulphuretted hydrogen are liable to be generated, and the decomposition of the sulphuret becomes, to say the least, extremely uncertain. If zinc, on the other hand, be used, and the heat be applied for a length of time, *metallic zinc* is liable to be deposited in the tube, if there be any matter present, such as sulphur, capable of combining with the hydrogen and setting free the metal which it holds dissolved or combined with it in considerable quantity. We have, indeed, more than once observed a metallic appearance to be produced in this way. It is true that the first objection is but of a conditional kind, and, in another respect, would apply against lithotomy or any other surgical operation; it may be also said, that it becomes as much the duty of a medical man to provide himself with analytic instruments, as with lancets or amputating knives. We freely admit this, and we will also allow that the third objection may be obviated by using pure iron, and ascertaining the purity of the gas by a previous trial, viz., by conducting it through a solution of acetate of lead, which will be blackened if it contain even a trace of sulphuretted hydrogen; but still we must repeat, on the authority of our own experiments, that even in comparatively practised hands, with every attention to purity of materials and adjustment of apparatus, the reduction of the metal is always uncertain, and unsatisfactory when obtained. We have repeated the experiment three-and-twenty times, and only succeeded four times in obtaining a portion of metal, *the properties of which could be recognised*. This, it may be argued, proves nothing but our own incompetency; but while we admit our inferiority in experimental adroitness to Dr. Christison or Dr. Turner, yet as we have practised the experiment over and over again, and as we are in general successful in equally minute investigations, we are inclined to believe ourselves entitled to offer rather a positive opinion on the subject.

But while we start objections to Dr. Turner's process, we do not intend to adopt that of Orfila, which, in every respect, is less entitled to confidence. Indeed, it is little short of ludicrous to hear of the employment of a *crucible* in delicate operations of this kind; it brings us back to the homely days, when the reduction of arsenic was performed in a luted teapot, by the heat of a huge charcoal fire. We may notice also that Dr. A. T. Thomson, in the appendix on poisons attached to his valuable Conspectus of the Pharmacopœias, falls, in one instance, into the same whimsical error.

The truth, we believe, is, that all the learned authors have committed the error of doing a work of supererogation in seeking for the reduction of the metal at all, and that they might as well refuse to admit the recognition of the sulphate of baryta, unless they had previously obtained "barium," its metallic base. In the first place there is no metallic sulphuret whatever, prepared by transmitting sulphuretted hydrogen through a solution, which even remotely resembles the rich red colour of the sulphuret of antimony; secondly, if further proof be required, just as conclusive evidence can be obtained from one-twentieth—nay, one-fiftieth part of a grain of this sulphuret, and with infinitely less trouble than is necessary for the reduction process. The annexed simple experiment will demonstrate the correctness of this assertion.

Having transmitted the sulphuretted hydrogen through the suspected liquid, prepared as Dr. Turner judiciously recommends, the liquid should be boiled, and allowed to cool and deposit the precipitate; the greater part of the supernatant fluid should then be removed with a suction tube, leaving as much as is sufficient to suspend the precipitate till it is decanted upon a watch crystal; it should then be washed with distilled water on the crystal, the fluid removed by the cautious use of a fine-drawn capillary tube, and it should next be placed near the fire-place till perfectly dry.

This plan of decanting and washing will be found to possess many advantages over the filtering which Dr. Christison recommends; filtering should very seldom be employed in analyses of this kind, so great is the loss of materials which it usually occasions.

About ten drops of muriatic acid and five of nitric acid are next to be dropped over this precipitate, and the crystal being supported on a ring of copper-wire, the fluid is to be

boiled over a small spirit-lamp flame. In three or four minutes the red colour of the sulphuret disappears with effervescence, and an extremely small yellow globule of sulphur is seen swimming on the surface of the fluid, which should then be allowed to cool, and the little particle of sulphur removed with the point of the capillary tube. The fluid should now be evaporated to dryness, when a transparent gummy residuum, the chloride or butter of antimony, remains. If a few drops of distilled water be now dropped over this, an insoluble white powder, the protoxide of antimony, is immediately formed. The process of washing is to be repeated again, the white powder dried by a gentle warmth, and, finally, heated over the spirit-lamp flame, when it changes to a beautiful golden yellow.

We have thus a chain of evidence simply and easily obtained, and withal indisputable in its kind. There is no sulphuret of the same red tint as that of antimony—there is no red sulphuret but that of antimony, which, decomposed by nitro-muriatic acid, will yield a residuum precipitable by water; and, thirdly, there is no powder but the protoxide of antimony which similarly obtained, becomes of a yellow colour when exposed to heat. The theory of the process is also readily understood. The process now proposed, possesses moreover the advantage of extreme facility of execution; a watch-glass can be procured any-where, and the whole investigation completed in half an hour, without the necessity of constructing the pretty, but complicated apparatus, represented in our engraving. We are by no means inclined to question the necessity of obtaining the metallic base of poisonous preparations as a general rule. Antimony, however, constitutes the exception, as will be seen in our notices of lead, copper, silver, mercury, and arsenic. In this instance it is entirely unnecessary; and the attempt at the reduction of the metal will usually fail, and, moreover, prevent the application of much more certain experiments.

As this is the first occasion on which we have alluded to the transmission of sulphuretted hydrogen gas through suspected fluids, it may be useful for some of our remotely situated readers to inform them, that it is best prepared by pouring very dilute sulphuric acid over powdered sulphuret of iron, prepared by holding a roll of sulphur against a bar of iron at a white heat, and collecting the drops produced in a vessel of water. A double-necked bottle with a bent tube, such as represented in the woodcut, is the best for the purpose, if it can be obtained; if not, a common six-ounce phial may be furnished with a tube of the same form; for this purpose a piece of barometer tube may be bent to the necessary form in a spirit-lamp flame, or an efficient substitute for this may be constructed with large quills adapted together by air-tight paper joints.

Finally, it is of essential importance to ascertain whether tartar-emetic or antimonial powder has been administered before the death of the individual, whose case is investigated. If it have, it is perfectly plain that no chemical evidence can be of any importance. We may remark here, that to the interfering presence of poisons used as medicines, Dr. Christison does not generally pay the special attention which the importance of such a fallacy demands.

A Practical Treatise on the Diseases of the Eye. By W. Mackenzie, Lecturer on the Eye in the University of Glasgow, &c., &c. London: Longman and Co., 1830. 8vo. pp. 860.

Notwithstanding the great number of books on diseases of the eye which have been published in this country, a complete account of the affections of this important organ has been hitherto a desideratum in our medical literature. There exist, it is true, a few general works on the subject, but these, though certainly not without value, are too brief, or too little comprehensive; it is with very great satisfaction, therefore, that we have perused the excellent and comprehensive treatise of Mr. Mackenzie; it contains, in a comparatively small space, all the information that either the student or the practitioner can, under ordi-

nary circumstances, require,—information which he might previously have sought for in vain, or could have obtained only by consulting many separate works. We would not, however, have it supposed, that the book before us is a mere compilation, for such is by no means the case. In a work of this kind, which must necessarily be founded on the experience not of one, but of many, it was indeed impossible to introduce much really new or original matter; but while the author has, with great industry and research, collected the statements and opinions of numerous writers, English and Continental, especially those of the German surgeons, with whose valuable labours on this subject he appears to be very familiar, he has interwoven them with the result of his own observations and experience, in a manner which increases their value, and shows him to be thoroughly and practically acquainted with the diseases of which he treats.

The arrangement, which is chiefly according to the textures of the part, beginning with the external or accessory organs, and ending with the retina, is at once scientific and convenient, and the division is sufficiently minute, without being carried to the absurd extent, and involving the almost endless nomenclature in which some writers have delighted, more to the confusion than the edification of their readers. Although it is not our intention to give a detailed account, or an analysis of the work, we shall notice a few parts of it here and there, in which the facts or opinions advanced by the author are altogether new, or differ from those which have been generally received, or may seem, for any other reason, to be particularly worthy of attention. We shall begin with an extract from the general observations on ophthalmia, in which the author forcibly combats the absurdity of considering all the inflammations of the eye as one and the same disease, and of attempting to apply the same treatment to them all.

"Every different texture of the eye, as it possesses both physical and vital properties peculiar to itself, must suffer differently from the several processes of inflammation. In many cases the modifications of inflammation from differences of texture in the parts affected, are displayed with much distinctness in the eye; in other cases these modifications can be judged of only from their consequences, and by a very minute observation of the derangement which remains in the organisation of the part which had suffered; while in other cases, from the delicate texture of the part, or its hidden situation in the eye, they may altogether escape observation.

"The conjunctiva, sclerotica, cornea, iris, crystalline capsule, and retina, present a series of the modifications of inflammation, to which I have just now referred, sufficiently distinct to convince the most sceptical of the truth of what I have asserted, and sufficiently striking to rouse the most inattentive to research. The muco-cutaneous conjunctiva secreting a flood of purulent matter, as in the ophthalmia of new-born children—the fibrous sclerotica, affected for months with rheumatic inflammation—the transparent fibro-cartilaginous cornea, becoming opaque, or being destroyed layer after layer by a penetrating ulcer—the erectile iris, losing all power of executing its motions of contraction and expansion—the crystalline capsule, pouring out coagulable lymph from its serous surface, and this lymph forming the medium of morbid adhesions—the nervous action, too deeply-seated to be observed immediately, but in a few hours losing its inconceivably delicate sensibility—these are facts in which are displayed the modifications of inflammatory action, and the various consequences of inflammation, fully as distinctly and as strikingly as they are manifested in any other, nay, in all the other, parts of the body together. There are other circumstances besides differences of texture which modify the inflammatory affections of the eye, which render this subject very extensive in the discussion, and cause the diseases to be occasionally very perplexing in the treatment. They are under the influence of peculiarities and certain artificial states of the constitution, and of constitutional diseases; and they are subject to innumerable variations from the influence of those inscrutable connexions called sympathies, scrophula, syphilis, gout, and that state of the system which we may call mercurialism, are each of them either capable of exciting inflammation in different parts of the eye, or at least of communicating to an inflammation, excited by other causes, such differences in character as shall often render it difficult to recognise a disease with which we were well acquainted in its simple or idiopathic form."

Mr. Mackenzie's opinions on the nature and pathology of some few of the diseases of the eye, differ in some respects from those which are entertained by surgeons of great authority on these points. Thus, in opposition to Mr. Lawrence, he maintains

that gonorrhœal ophthalmia is sometimes produced by metastasis; and adduces in support of this opinion, the cases described by Mr. Arnott and Dr. Hall, in the Med. Chir. Trans., where the inflammation of the eye certainly appeared to depend on metastasis, or on the transmission of pus by the veins; these cases, however, appear to us to bear very little upon the point in question; and although the author, in conformity with the German oculists, recommends that, in addition to the other remedies, means should be adopted to bring back the discharge in the urethra, he does not mention any case where he knew it to have been suppressed.

The distinction between idiopathic and syphilitic iritis, he does not consider to be so well defined as Mr. Lawrence represents it to be. He is, however, far from denying that the latter is a separate form of disease, indeed, he mentions another species of iritis, in addition to those with which we were acquainted, viz., "scrofulous iritis," of which he gives a very marked case, where it occurred without inflammation of the conjunctiva in one eye, and with pustules and an ulcer at the base of the cornea in the other. It was treated chiefly with calomel and opium, and the patient, a boy sixteen years old, rapidly recovered as soon as the mouth was affected. With regard to glaucoma, on the nature of which various opinions have been entertained, he believes that it consists principally in the absence or deficiency of the pigmentum nigrum, and that the green colour is owing to the bluish light reflected from the bottom of the eye passing through the yellowish or amber-coloured lens; and observes, "in confirmation of this, if the lens is removed in this disease, or sinks to the bottom of the dissolved vitreous humour, the green appearance is almost entirely lost." He states also that in a great number of glaucomatous eyes which he carefully dissected, the vitreous humour, though dissolved, was perfectly transparent, and that he never found the retina materially altered, much less in that thickened state which Scarpa describes, attributing to it the principal phenomena of the disease. He is, however, inclined to ascribe the disease primarily to the morbid state of the vitreous humour, which by its pressure may induce the absorption of the pigmentum; and observes that the excess of this fluid is probably in the same manner the cause of the total blindness which results at last.

The methods of treatment recommended are in every case judicious, and appear to be founded rather on practice than on theory; rather on his own experience than on the reports of others. There is, however, little in them which need be noticed here.

In all the purulent ophthalmiæ, and in most inflammations of the sclerotica, he strongly recommends the solution of nitrate of silver, from which he has obtained the most striking benefit. The acetate of lead he thinks ought not to be used as an application to the eye, as it tends to produce opacity of the cornea whenever there is any ulcer or abrasion of that part.

He employs bleeding to a considerable extent in most cases of rheumatic inflammation of the eye, and observes,

"I feel myself obliged to differ entirely from Mr. Wardrop in his opinion that patients affected with rheumatic ophthalmia neither bear bleeding to a great extent, nor are much relieved by this remedy; he has even stated the little relief afforded by bleeding in this disease, as one of its distinctive characters. This entirely disagrees with my experience, and is, I apprehend, altogether contrary to what we observe in other rheumatic affections, &c."

Probably both writers are to a certain degree correct, each being justified by his experience in making the statement which he has done, and the safest way, perhaps, is to be guided rather by the particular circumstances than by general rules, in the treatment of this as well as the other forms of so variable a disease. In the latter part of the sentence we have quoted, however, Mr. Mackenzie certainly goes too far; very various results in reference to bleeding have been observed in the treatment of rheumatism affecting the other parts of the body, and we know that one of the best hospital physicians in London has almost entirely discarded the remedy in question, in this complaint, which he has found by experience may be more safely and more effectually combated by other means.

It can hardly be expected that a work of this magnitude should be altogether without faults, but under this head we have only to

notice the unnecessary length of the chapters on diseases and injuries of the orbit and soft parts around it (these belong rather to general surgery, and are almost out of place in a work exclusively dedicated to the diseases of the eye); the repetition of the same subject in the two sections on "nævus maternus," and on "orbital aneurism by anastomosis;" and lastly, the denial of the occurrence of intermittent ophthalmia, two very marked cases of which have been been described in German journals, and are given in Nos. 290 and 330 of THE LANCET.

These are, however, of comparatively little consequence, and we can most strongly recommend the work to the attention of our readers.

SINGULAR MALFORMATION OF THE EYES.

IN a late number of Schweigger's Journal we find a report by Professor Marx at Brunswick, on a girl about 21 years of age, in whose eyes the lens is situated immediately behind the cornea; the iris is closed, but is very thin, and is pushed backwards so as to be almost funnel-shaped. Both lens and iris are completely transparent, so that the choroid may be seen through them. The individual could see very well until lately except in a very strong light; and it was only when the lens in the right eye began to become opaque, and she applied for surgical aid, that the singular position of the lens was discovered. In the left eye there seems also a cataract to be forming. The eyelids are remarkably thin and wrinkled, and appear almost to indicate a tendency of nature to compensate in some degree the absence of the natural function of the iris.

METALLIC MIXTURE FOR INJECTING ANATOMICAL PREPARATIONS.

A GERMAN Journal recommends for this purpose an alloy consisting of

177 parts of weight of tin
310.....lead
101,26 .....quicksilver
497.....bismuth,

which might accordingly be considered as a compound of three atoms of tin, three atoms of lead, seven atoms of bismuth, and one atom of quicksilver. The best method of preparation consists in slowly heating the bismuth, tin, and lead, with a little powdered charcoal until the mass comes into fusion; it is then removed from the fire, and the quicksilver gradually added after having been previously heated. The mixture has the brightness of silver, is perfectly fluid at 173 deg., and becomes solid at 140 deg.

SKETCHES
OF THE
MEDICAL SCHOOLS OF SCOTLAND.

No. XXVIII.

DR. GRAHAM.

WE are apprehensive of committing a breach of pictorial propriety in attempting the likeness of a botanist at this uncongenial season of the year, when Flora scarcely affords a flower to fill up the back ground of the canvass. But as Dr. Graham, indifferent to the indications of the thermometer, has set us the example of treating botanical subjects in winter, by the delivery of a course of lectures, we shall imitate his laudable innovation, though the ink were to congeal as it flowed from our pen, and we produced something as misshapen as an iceberg, instead of an exact similitude of the dashing, handsome, and highly intelligent Professor who presides over botany in the University of Edinburgh. We give this early intimation of the general character of the object of the present sketch, lest it might be supposed we were about to exhibit the portrait of a venerable old swain, with silver locks, buckles in his shoes, a pea-green vest, and a glass dangling from his neck; of one, in short, of those teachers of the by-gone school of botany whose attributes pointed them out as a sort of personification of the Epicene gender, or, like the themes of their own meditations, an amalgamation of both sexes in the same individual. With such respectable old ladies, as if unsexed by the serenity of their pursuits and the indolence of their habits, Dr. Graham holds no qualifications in common. Between Dr. Graham and the associations which the tuition of botany is too apt to excite in the recollections of most medical men, there is a most felicitous discrepancy indeed, the science being considered by them as trivial in its objects, and an unnecessary addition to the knowledge of a practical physician, an opinion which the habits of those by whom it was taught but tended little to overturn. Active however in manner, acute in his perceptions, comprehensive in his

research, and painstaking in the communication of instruction, you are constantly startled into wonder, during one of Dr. Graham's lively prelections, how an individual of such buoyancy of manner—how one, the decision of whose character, and rapidity of whose movements, point him out as fitter for the extirpation of disease than for bending in patient scrutiny over the evolving miracles of the microscope, should have become the investigator of the delicate and complicated organization of the vegetable world. It is difficult, indeed, to reconcile the apparently contradictory attributes of his character, or to concentrate into one view the multifarious qualifications evinced by him in the discharge of his various official duties, whether as a teacher of botany, a clinical lecturer, or a practical physician. Like many others called to fill important situations without time to prepare a regular digest of the science which they taught, out of a systematic course of study, Dr. Graham has laboured, and not unsuccessfully, to compensate for a deficiency in early education. Aware of the connexion existing between the different branches of medical science, he has endeavoured to grapple with them all, and if he has not attained his objects fully to the extent of those who make each department of the healing art a separate subject of cultivation, he has at least carried along with him, in his hurried career over this extensive field of study, a sufficiency of its fruits and flowers to furnish at once a substantial and agreeable bouquet for his pupils in botany. Principally occupied in didactic pursuits, he is necessarily better known as a teacher than a writer on botany; but what he looses in fame is amply made up in utility to his class by the excellence of his lectures. His facts in illustration of his positions are in general happily selected, and his reasoning founded on them, the productions of a vigorous and independent mind, which brooks no authority but that which it can thoroughly understand. Excellent, however, as are those speculations on the higher departments of the science with which he enlivens his course, it is in the less ambitious, but not less useful departments of practical botany that his merits are most conspicuous. In estimating the comparative value of the various systems or methods of botanical arrangement, he has, we think, judiciously adhered to that of Linnæus, and made it the basis of his lectures, notwithstanding the unfounded imputations cast on it by recent writers, particularly by Mr. Lindly, of London, who facetiously informs us, in the preface to his Natural Classification of British Plants, that "it has almost disappeared from every country but our own, and ought now to find no other place in science than among the records of things whose fame has passed away"! The gross ignorance, and we must say insolence, evinced in this passage, need no comment, nor the "sexual system" of Linnæus a defence at our hands—a system which will live as long as science itself shall be cultivated; in fact, it is the only one adapted to the botanical pupil in his first steps in the science, as it is, after all, the only one by which the name, at least, of plants can be readily recognised in the field. We have repeatedly seen the experiment of two students, the one taking Mr. Hooker's Flora, the other the Synopsis by Mr. Lindley; and in nine cases out of ten, the student making use of the latter could not recognise a single plant, or arrive at its name, by its assistance, while the pupil following the Linnæan system, adopted in Mr. Hooker's work, made out every plant that presented itself to his view. In his use of this admirable system, Dr. Graham takes the greatest pains; the orders in Smith's Compendium are gone over by him during the course, and specimens in illustration of the genera and species belonging to each abundantly supplied and luminously explained. In addition to these minute notices of each plant, Dr. Graham holds daily examinations in a given portion of each of the orders, and what rarely indeed occurs on such occasions, not only renders them highly instructive, but even agreeable to the class, by the affability and elegance of manner with which he propounds his questions to his pupils, who are seldom disposed to bear this species of catechetical scrutiny in public with a good grace. The style in which his lectures are composed is at least as peculiar as the matter of them is instructive, being as punctiliously elaborated as an Oxford prize-essay, or a Christmas declamation at one of our great schools. There is, perhaps, too much straining in them after effect, a fault, however, which may be the more readily overlooked when the illiteracy and negligence displayed in the compositions of many of the professors of the present day are recollected. Though philosophy and science disdain the meretricious aid of rhetorical embellishment, even truth itself may be degraded by the dress in which it is presented to our understandings; and though Dr. Graham's phraseology may be, on certain occasions, too florid, his sentiments too witty, and his periods too pointedly antithetical, we would prefer the excess of his merits to the poverty of phrase of other lecturers. He has obviously a passion (for such we may call it) for literary displays of this description, and never, when the subject admits of the effort, neglects treating his pupils to one of those sublime speculations on the more abstruse questions involved in the cultivation of botany; such, for example, are his

essays on generation, the ultimate structure of matter, his defence of the Linnæan system, and though last not least, his criticisms on the writings of Mr. Andrew Knight. In these studied lucubrations he puts forth his whole strength, and if to the practised writer they appear somewhat over-done, it must be allowed that they are admirably calculated to enliven the tedium of a long course of lectures, and to keep alive the attention of a class, which soon fails if not stimulated occasionally by such exhibitions.

If Dr. Graham did not succeed in rendering the delivery of his prelections agreeable, he would be certainly without an apology, having every physical essential of oratory, a clear intelligent eye, a forehead of unruffled placidity, a loud yet harmonious voice, and features of such expressiveness and manly beauty as to interest the most phlegmatic auditor or contemner of external appearances. With such natural advantages, the delivery of eloquence becomes a matter of facility, a fact of which Dr. Graham alone appears to be unconscious, and which casts an additional charm over his manner in the public perusal of his lectures. Seldom, indeed, has a professor's chair been filled by one of higher personal endowments, and habited in his official robe, he looks, during the enunciation of one of his favourite passages, as if inviting the artist to transfer him to the canvass as the *beau ideal* of a professor of botany. A "stage player," or a "reader of Shakspeare," might indeed take umbrage at the oftentimes unvaried emphasis with which he declaims common-places; but as these are of importance to the student, as they are to be impressed on the memory, and not merely to please the ear, the energy of action and elevation of voice with which he enunciates his discourses, are at least judiciously employed to keep up the attention of the audience, though they may not be always regulated by the principles of good taste. Though generally affable, good-humoured, and sprightly in the discharge of his duties, there are occasions when these customary and amiable qualifications give way to temporary irritation. Dr. Graham having a great horror of interruption, and of "sketching" likenesses during the delivery of his lecture, is sometimes ruffled into passion, not by the pencil of "Scotus," but by that of a much more celebrated artist, the well-known Dr. Syntax of Edinburgh. The Doctor (we, of course, mean Syntax) is so singular a personage, that we are induced to turn his own art against himself, and transfer him to our pages. For aught we know, but from his appearance, the Doctor may have been a contemporary of Cullen's, and has had the rare merit of continuing a student all the time, in despite of lectures and examinations which he has heard and undergone without number. Free by long attendance and purchase to the different courses in the "curriculum," the Doctor is seldom or never absent from the class-rooms of the University. As the bell tolls the hours for lecture, he may be daily seen hurrying down Nicholson Street to the College, with a bundle of note-books or portfolios under his arm, his aged and withering form enveloped in a suit of seedy black; and if the day should demand its protection, a plaid-mantle girded round his waist, which, from the fading tints of its texture, might have served some hardy highlander on the plain of Bannockburn, or wrapped the athletic form of Rob Roy himself. Either the Doctor has by this time appropriated whatever knowledge is to be acquired from university professors, or admonished by a series of fruitless attempts to acquire a legal right to a title which is now conceded him only through the complaisance of his numerous acquaintances, he has given up apparently all idea of profiting by their valuable instructions, his time in the lecture-room being exclusively occupied in transferring the physiognomy, instead of the words of the lecturer, to one of his portable sketch-books, in which are deposited innumerable likenesses of all the Edinburgh professors for perhaps the last half century. In short, the Doctor has relinquished the pursuits of physic for the practice of the painter, and devotes his whole time to pencil, or pen and ink, sketches of the professors of Edinburgh, which it must be admitted he executes with a masterly fidelity to the originals. It might be supposed that one so devoted to his adopted art, and of such extremely inoffensive manners as the Doctor undoubtedly is, would pursue his harmless avocations in the lecture-room, without interruption to the pupil and the professor. It is however almost impossible, for the most zealous student in the acquisition of knowledge, or for the most abstracted lecturer in the discharge of his duties, not to have his attention distracted by the grotesque appearance of the Doctor, as he sits under the glare of a gas-chandelier, with his sketch-book spread out before him, his spectacles imbedded in his grisly and bushy brows, and his pencil sending its industrious hum around the class-room, as he plies it with indefatigable perseverance over a slip of "Bristol Board." Apart from the distraction which so attractive an object must necessarily create in the mind of a speaker engaged in serious avocations, we have some suspicion that Dr. Graham may be jealous of the divided attention of the pupils, who are as much occupied occasionally with the labours of Syntax, as with his own philosophic speculations. His eye, at last,

will be seen to turn on poor Syntax, his brow to lour, and his voice to roughen in the delivery of the most important parts perhaps of his discourse; but true to his favourite pursuits, the Doctor mistaking the rebuke for a new expression in the features of his subject, stares more earnestly at Dr. Graham, until worn out of patience by the gaze of the painter, he exclaims in a paroxysm of indignation, "Have done, sir, I do not like to be caricatured, it is disagreeable to my feelings, and injurious to the interests of the class!" The extreme pains, indeed, which Dr. Graham takes with the instruction of his class, would justify the expression of the disapprobation manifested on those occasions against any interruption of his labours, while the punctiliousness with which he insists on at least an acquaintance with the principles of botany from the graduates of the University of Edinburgh, suggests the propriety of examining the question, whether botany should be *bona fide* an item in the curriculum of the education of physicians. There is nothing indeed more common, than to hear pupils complain of the labour of preparing for an examination in a science which they hold to be totally useless in the practice of their profession. Nor is this complaint confined to students; the *cui bono* of a knowledge of botany, being a common interrogation among persons removed beyond the labour of its acquisition, and exempt from the inconvenience which an ignorance of it might produce at an examination. It is certainly much easier to ask them to point out the precise value of any one of the medical sciences, particularly when the practice of them is as often empirical as it is scientific. It might, for example, be readily asked, Of what use is chemistry or anatomy in the treatment of certain diseases? An analysis of "blue pill," or a knowledge of the structure and relations of the liver, throws no light whatever on the operation of this drug on that viscus. But are chemistry and anatomy to be repudiated from the "curricula" of public instruction, on the strength of this and other isolated facts? Surely not; but it would be as disingenuous to answer, as it is to ask the question in this abstract manner. No doubt Linnæus himself might make a very sorry practitioner at the bed-side of a patient; but we hold that no practitioner can be thoroughly cognizant of the nature of the agents which he employs in the practice of his profession, without a knowledge of botany, which has been too long considered as a mere science of hard names without meaning, among the medical men of Great Britain. Besides its use in the cultivation of medicine, the improvement which it bestows on the mind by the views which it opens to the industrious student, a knowledge of it is indispensable to the accomplished physiologist, who can never thoroughly understand the laws of animal, without a corresponding acquaintance with those which regulate vegetable life and organization.

Scotus.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

DELIVERED BY

Dr. ELLIOTSON,

Nov. 15, 1830.

VARIOUS CASES.

There were fourteen cases, Gentlemen, admitted into my wards last Thursday. Among the women were two cases of lepra, which were evidently syphilitic, from the leprous spots being in fact tubercles, and from being very dark. I observed likewise in one of the patients an ulcer of the throat, and in the other an ulcer of the tongue. Both women of course denied having had a syphilitic affection, and having been in the way of contamination. But I am satisfied that you will see the two cases cured speedily by mercury. There was likewise a case of eczema, one of anasarca, and one which appeared to be merely dyspepsia, for there was no organic disease nor gastritis.

Spasmodic Contraction of the Hand and Foot.—There was also a very curious case of constant spasmodic contraction of the left foot and hand; the foot is drawn greatly inwards, so that it cannot be straightened at all, and the hand is likewise drawn in, but in an inferior degree. This is exactly the appearance which we observe sometimes in continued fever, and it occasionally remains during the whole of life. You are aware that a state like this arises from no fault in the arm or leg itself, but in the nerves at their union with the brain or marrow, exactly as in hemiplegia, the difference between the two being, that in hemiplegia there is a loss of power, but here an excessive irritation, of the nerves, or brain or marrow, at their union with the brain or marrow. It is not merely that the nerves of motion are alone affected here, the motor nerves of flexion only, the motor nerves of extension being undisturbed. Upon making inquiry, I soon found that there were symptoms in the head and neck. The back of the head and the back of the neck immediately under it were exceedingly painful, and on mak-

ing pressure at the back of the neck immediately below the occipital bone, there was extreme tenderness; the suffering there, indeed, was far greater than at the extremities—the extremities suffered from the violence of the tension caused by the position; but at the back of the neck was suffering from inflammation, extreme tenderness on pressure; and I directed all my attention to the upper part of the spinal marrow and the neighbouring part of the head. The disease, I presume, is in the medulla oblongata, or the cervical portion of the spinal marrow. I ordered the patient to be cupped in the nape of the neck to the extent of a pint, and such was the effect that, the instant the blood was withdrawn, the hand became perfectly straight, and remained so for some time. This was a striking proof that the practice was right, and I have no doubt that by perseverance we shall cure the complaint; for this reason, that it has existed only six days, consequently there is probably no organic affection. This is a more minute division of nervous disease than we usually see. The disease is not only confined to the nerves of motion, but to those nerves of motion that cause the flexion of the muscles.

Itch.—Among the men was a case of epilepsy, one of well-marked chronic gastritis, one of deep-seated inflammation above the knee, which does not appear to be rheumatism, one of nervous palpitation without organic disease, which came on from anxiety of mind or some little temporary disturbance of the system, one of scrofulous caries of the thigh and pelvic bones with anasarca, one of itch, which might be easily mistaken, as it is the pustular description of itch, which of course if treated with any thing but sulphur, at least with the ordinary remedies of cutaneous diseases, continues to go on month after month, and yet looks so unlike common itch, that it is sometimes mistaken. I discovered it chiefly by looking at other parts of the body, and finding about the wrists and breasts the well-marked common form of the disease, notwithstanding the large pustules, which had any-thing but the appearances of common itch, in other parts. One case was scarlet fever, and one continued fever. As so many cases were admitted, of course a great many had been presented during the preceding week, and among them were six women.

Continued Fever.—The first of those of which I purpose speaking, was a case of continued fever, which occurred in one of those poor German females who perambulate the streets, crying "Buy a broom." She was a native of a village near Frankfort on the Maine. It did not appear to have arisen from contagion, and was cured, as you will see almost every case of continued fever brought into this hospital, by the most simple means—by enjoining, first, the most perfect cleanliness. I had her thoroughly washed when she came in, and then I employed tepid ablution or cold ablution, whichever was the more agreeable to her, and whenever she felt hot, several times a day. As there was pain in the head, I directed fifteen leeches to be applied to the temples, and these were repeated. In a few days there was tenderness at the pit of the stomach, but her debility was such, that I was afraid to apply leeches again, and therefore ordered a blister to be placed upon the epigastrium. She took hyd. cum creta, gra. v., every four hours. The mouth became slightly tender, her tongue clean, and she was soon convalescent. She was at one time in a state of great debility, but by allowing her milk and two pints of strong beef tea per diem, and combating the local symptoms, the complaint gave way. It is said by some of the French writers, that when there is pain in the epigastrium on pressure, blisters are an improper mode of treatment, that they produce great irritation, and we ought only to apply leeches. I know, however, that where there is such debility that we cannot apply leeches, or when we have applied them frequently, and still something more is requisite, you may have recourse to blisters with great advantage. The only injury arising from blisters, is where they are allowed to take the place of the loss of blood,—when it is necessary that a certain quantity of blood should be taken away, but it is not taken away. In such cases, if you merely apply blisters, you produce great irritation; but if you remove a certain quantity of blood either from the arm or locally, after you have done this once or twice, or more frequently, the time may arrive when blisters will be useful, from the continuance of the symptoms. Sometimes blisters may not be required; but if the irritation continue after you have emptied the part well by means of leeches or general bleeding, you may have recourse to blisters with great advantage. That was the case here; her tenderness was speedily removed by the blister. She recovered so soon, that having been admitted on the 20th of October, she was on the 11th of November *presented*, and was able to walk home. This is the common treatment adopted by me, and it is so successful, that during the last two years only one patient has died in the hospital under my care of continued fever, and that was a man who was admitted in the advanced period of typhus; his tongue black, and muttering delirium present. Strict attention to cleanliness, cold or tepid ablution or affusion, local bleeding wherever signs of inflammation are present, attention to the bowels, and the moderate exhibition of

mercury. I give calomel, if the bowels will bear it, or the hydrarg. cum creta, and if there be irritation of the intestines, you may check it by moderate quantities of astringents, or opiates, or leeches and blisters to the abdomen, should it be in an inflammatory condition.

There was likewise among the women who were presented another case of continued fever, which was treated in nearly the same way, No. 9 in the same ward. The disease was mild, and the local irritation not in the head or abdomen, but in the chest. In cases of fever, if you apply the stethoscope to the chest, you will generally find a slight rattle of the same nature as in bronchitis. Here the seat of the local affection indicated that the local means should be employed at the chest. The pain was not great; there was only a slight soreness. I ordered leeches to the chest, and gave her the hyd. cum creta ten grains, three times a day, the same as in other cases, and ordered her to be kept on slops. There is, perhaps, a danger of increasing the bronchitis if you chill the surface of the body, at least when there is inflammation of the air passages, lungs, or pleura; I have feared to use cold effusion or ablution; and as the heat was inconsiderable, did not have recourse to ablution either warm or cold in this case.

There was likewise the case of pleuritis presented, to which I alluded in a former lecture, which was cured by a good venesection and leeches, followed by the administration of a large dose of calomel and opium. There was no relapse, and she went away well.

Hemiplegia and Paraplegia.—There was also a case of hemiplegia, much improved under the use of iodine, but which I should be wrong to say had been benefited by the iodine. It is very common in cases of paralysis, if moderate diet be observed, for the disease to decline, without our having recourse to remedies of any other kind; and I have no doubt that many instances of hemiplegia thus cease of their own accord, when the cure is ascribed to medicines. After a time congestion ceases, or the effused fluid is absorbed; and if low diet be observed, a return of the congestion or effusion is often prevented. The absorption will proceed of itself; and if, in the lower orders, these complaints are left alone, they will improve to a certain degree, and then get no worse, or totally disappear. The tincture of iodine has been strongly recommended in cases of hemiplegia. It does good, probably, by promoting absorption of effused fluids. In the present case, nothing was observable, but that the woman had lost the use of her right side. No headach, drowsiness, or giddiness, was complained of. I began with ten drops of the tincture, increasing it gradually to forty, three times a day, and she certainly recovered in a very great degree, and desired to go home. I have not met with many cases in which it has been so successfully employed, and, indeed, wherever there is drowsiness and giddiness, it would appear useless, I should fancy, to employ the iodine. The proper remedies, where there is fulness of the head, is general or local bleeding, a moderate degree of purging, a moderate use of mercury, and low diet, great care being taken not to carry these too far. I am sure that many persons are reduced far too low in the treatment of hemiplegia. They are suffered to sink so low, that the brain cannot repair the injury it has suffered, and the system gives way. Although antiphlogistic measures are generally best at first, and undoubtedly demanded, it should always be remembered that there is a danger of carrying them too far. If, after general or local bleeding, you keep up a drain from the part, exhibit mercury moderately to lessen congestion and inflammation and promote absorption, it is often necessary to employ means to keep up the strength. Iodine may be at this period frequently useful. Yet I have given it often fruitlessly; and often when persons recovered under its use, I saw no proof that the recovery was not owing to natural processes, or the antiphlogistic means employed in the first instance. Those who study morbid anatomy will suspect that it cannot be very generally useful, as sometimes a softening of the substance of the brain, sometimes excessive induration, encysted tumours, fungous and other growths, are frequently discovered to have been the cause of the disease. So also I may remark with regard to electricity, which is much recommended in paralytic affections; neither it nor strychnine, any more than iodine, can be expected in these cases to be of any service. If it be a case merely of loss of power, or of pressure from effusion, then stimulants will be of use. You will perhaps recollect a case of paraplegia which was six or eight months in William's Ward, where there was pain in the spine. I knew it would be of no use to give either iodine or nux vomica in this case, but I applied setons and the moxa, and kept the patient on a low diet. Willing, however, that he should reap the benefit of these means, if they could be of benefit, I gave him also nux vomica, or the strychnine, for many months, and tried electricity fairly, but without any alteration in the complaint. I have, in fact, failed with the strychnine not only as often as with iodine, but much oftener; where there is softening or induration of the brain, or tumours or morbid growths, it must be useless. There are cases of torpor only,

when strychnine is successful. I have employed it frequently, and nux vomica more frequently, but I cannot say in any case with success, unless the case were one merely of torpor. Accordingly, in palsy of the wrists from lead, I have often thought strychnine of advantage.

Palsy of the Wrists.—There was a very good case of paralysis of the wrists from lead in which electricity was employed. The man was in William's Ward; he had been ill a year; the brain was not affected, nor was the spine, but here the chords and extremities of the nerves were torpid, deadened by the poison of the lead; as likewise, no doubt, were the muscles themselves; the hand, in fact, was poisoned. He was 50 years of age, and had been a painter. There had been no internal affection, no colic, but simply the hands had dropped.

Now this is just the sort of case in which I have seen advantage derived from strychnine, and have, indeed, known a cure apparently to result from its use. I ordered the wrists to be electrified every day by shocks, and the strychnine to be given in the dose of one-tenth of a grain, increased to an eighth, three times a day. In this case I am satisfied that it was the electricity, and not the strychnine, from which the benefit was derived, first, from the circumstance that the dose of strychnine was so very small (it was only increased to an eighth), and next, because there were no symptoms of catching and tingling of the parts, which you know are among the effects which strychnine produces; thirdly, finding the cure far speedier than I had ever seen from strychnine, and believing the electricity to be the successful remedy, I suddenly discontinued it, and went on with the electricity, and the cure proceeded just as rapidly as before. He was admitted on the 7th of October, and went out on the 11th of November. He was electrified thoroughly with shocks in the wrists every day. The strychnine was only employed for ten days. He would, in fact, have gone out earlier but for an attack of rheumatism, which came on in his knees and delayed his departure.

Rheumatism requiring stimulating treatment.—During the week several cases of rheumatism have been presented, all of them cured, and I will now point out to you the treatment of rheumatism which I have found most successful. Among the women, for example, there was one case of rheumatism admitted which required a stimulating mode of treatment. Jane Davis, aged 22, had been ill four months with rheumatic pains in the joints, which became so bad that at last she was obliged to give up work. Warmth to the parts gave her relief. She had no thirst, dryness of tongue, sweating, heat of surface, nor heat of the parts themselves; on the contrary, she complained of coldness of the hands and all the other joints: indeed, coldness all over. The parts affected, she said, were never warm. I ordered her the warm-bath every day, and half a drachm of the Ra. guaiaci ammoniata three times a day. She at once mended, and was able to leave the hospital in a week. She required a stimulating treatment, and depletion would have done no good, but might have aggravated the complaint. With regard to the employment of the hot-bath, it is absurd to suppose that any good can be derived from its use where it is had recourse to no oftener than once or twice a week, as many patients employ it. Yet with no more frequent use of it, persons will come and tell you that they have used the warm-bath and found no benefit from it. It ought to be used at least four times a week, and if possible, every day. Some people cannot bear it every day, even if they only stay in a short time, from its producing profuse sweating; but frequently they can bear it when they tell you they cannot, if you use it but moderately warm, and they stay in only a few minutes. In the treatment, however, of cutaneous diseases and rheumatism, it is quite ridiculous for people to employ the hot-bath once or twice a week. Many patients can be gradually brought to use it, not only once, but twice a day, and then derive so much the more benefit. I have seen diseases which had baffled all other means, cured by the patient going into the bath three times a day, and remaining in it an hour each time. This woman had it every day. With respect to the tincture of guiacum, it may be used in any quantity that will do good. I always think it unjustifiable to give a large dose of medicine if a small one will answer the purpose; and, unless in a violent complaint, I restrict myself to a small dose until I find it fail in doing good, and then I gradually increase it. Half a drachm of ammoniated tincture of guiacum is a fair dose; some persons, however, will bear a drachm, and some several drachms. There was a man in the hospital last spring in whose case I found it necessary to increase the dose to two, three, four, five, and then six drachms, and then it answered the purpose fully. You find it mentioned in some books that these large doses are required in many cases, and it is certainly a fact that there is no rule for a dose of this medicine any more than for a dose of another. Many persons will be made sick by such a dose as three drachms; many persons will be purged violently, and others might, for what I know, have gastritis produced; but there are some who will bear it, and who are not cured with less. If this medicine do not produce the good effect you desire, if it do not warm, or warm but

transiently, and yet do not disagree with the stomach or bowels, the dose should be gradually increased. I have never given it in such doses as these, except for the purpose of stimulating the system throughout. It is mentioned by Sir Gilbert Blane in his "Medical Logic," that in one form of acute rheumatism, in persons of a scrofulous disposition, the large dose of half an ounce is very serviceable. I have not tried it, but if it purge the patient well, or sweat him, I can conceive that it may do him more good than it would do him harm by stimulating him; yet I should think that in cases of active rheumatism, as it is a stimulating medicine, if it do not make the patient sweat, or purge him well, there would be considerable danger of its stimulating effects doing him great harm. Still it would be absurd to deny a fact. I find it one of the best stimulating medicines in cases of chronic rheumatism, where the temperature of the patient requires to be increased, and warmth does good. This patient had been ill four months, but by this medicine and the use of the hot-bath, she became well in seven days. This was a rapid cure, but I believe in the account of it there was no deceit.

Rheumatism requiring Antiphlogistic Treatment.—The other cases of rheumatism were of an opposite character, and would probably have been injured by such treatment. One case was that of a woman in Mary's Ward, who also had been ill four months, and although it had continued throughout that time, the affection was as active as though she had been ill only four days. Rheumatism is frequently active when it has existed for twelve months, that is to say, the parts are at the end of that time hotter than they ought to be, and heat aggravates their pain, so that if you apply any stimulants you do mischief, but if you employ the common treatment for acute rheumatism, you do them good. Acute and chronic are terms by no means synonymous with active and passive or indolent. In this woman I found some slight affection of the chest. There was palpitation of the heart and some degree of cough, and, therefore, I had recourse in her case to general bleeding. In active rheumatism, however, whether acute or chronic, I very seldom have to resort to general bleeding; never, indeed, unless there be some internal inflammation; for I always find local bleeding answer every purpose. If you take the indication merely from the buffiness of the blood, you will find, if you bleed the patient to ten pints, and there are cases on record in which that quantity has been extracted, the last pint may be buffed as much as the first. This has been mentioned by several authors. So long as the least rheumatic inflammation exists, I know that the blood may be buffed. I was once accustomed to bleed generally in active rheumatism, but I find that local bleeding, with colchicum or mercury, is quite sufficient, and I never have recourse now to general bleeding, except where, as in the present case, there is internal inflammation. There was inflammation in the internal parts of the chest, and, therefore, I bled the patient in the arm, but had it not been for that, I should either not have bled her at all, or I should have applied leeches to the parts most affected. Sydenham once bled all his patients profusely in acute rheumatism, but finding one recover just as well without venesection, he gave up the practice. The medicine in this case was half a drachm of vinum colchici three times a day. I believe many practitioners make it a rule not to employ vinum colchici, but colchicum itself in powder, or the tincture of the seeds, which may be of equal service. But we fall into the habit of employing particular forms of medicine, and I always employ the common wine. The quantity administered to this patient produced purging, and then she was considerably better. I have sometimes seen colchicum do good in active rheumatism, without any sensible effect beyond that benefit; but, for the most part, I have not seen it beneficial, unless purging were produced. With this treatment, although she said she had been ill four months, she became so well, that though she was only admitted on the 28th of October, she went out on the 11th of November, without, as far as could be seen, any complaint.

There was a case precisely like the last also admitted on the 28th of October, into Jacob's Ward, which is among those now presented. It was one of active rheumatism, and had existed seven weeks. The parts were hot, and the warmer the joints were kept, the more painful they became, so that, indeed, the warmth of the bed rendered the pain ten times worse. Thirty leeches were applied to the joints that were in pain, and he took half a drachm of vinum colchici three times a day. With this simple treatment he got so well, that he went out on the 11th of November, the same day that the woman was presented. There was no deviation in the treatment; these simple remedies were employed, and he went on perfectly well. I see, that just before he went out, the rheumatism, which still remained in a slight degree, changed its character; he had no longer any heat. You will frequently find, that the character of rheumatism will change; you may reduce the heat until you have *cold* rheumatism; and, again, you may increase it till you have *hot* rheumatism. I have seen these forms of rheumatism alternate, and have been

obliged to alternate the treatment before the patient was cured.

I need not say, that in those cases where I had recourse to local bleeding, I employed moderate diet; it is right to feed the patients on slops, or things little better. The French reproach us with employing the most violent remedies in the country in acute diseases, so that we nearly kill the patients by bleeding them and giving them calomel, and let them all the while eat beef-steaks and drink porter, and do what they like. There may be men so silly, there are men in every business and in every profession who do not conduct their concerns in the most judicious manner, but I am confident this is not the case with the great majority of practitioners. The same attention is generally paid to diet in this country as in any other part of the world; but in detailing our cases, we certainly do often omit to speak of the diet. We take it for granted that it is known we do not give wine and porter; and from the circumstance, therefore, that we do not say so, the French have imbibed the idea that we never attend to diet at all, but that we just see the patients, write a prescription, and then let them go on as they choose with respect to food. This, I am satisfied, is an unjust observation, if it be made generally; but still there are, doubtless, some who do not pay as much attention to diet in this country as they should. We may, however, reproach some of the French with carrying restriction in diet too far. I am sure that most persons who have seen patients that have been treated by the French, have every now and then met with instances in which starvation had been carried so far, that the patients have been in danger of sinking; but who, by allowing them a moderate quantity of animal food, and, in the same degree, stimulating liquids, have rapidly rallied and got well. If we commit one error now and then, the French commit an opposite error, I will not say every day, but as often as we run to the other extreme. Let those who commit the one fault or the other be blamed, but let us not blame each other generally. Every one should recollect that he does not do his duty, either surgically or medically, unless he lays down rules with respect to diet. There is no great difficulty with regard to these rules. Every one must know that those who write on the digestive organs carry the point much too far. It is sufficient to say, that when a person is in an inflammatory state so as to require bleeding, general or local, or antiphlogistic treatment, that one part of that treatment should generally consist in low diet, in the cutting off of animal food and stimulating liquors, or they should be taken in the lowest possible degree. But with respect to articles of diet in general, what is said by Dr. Heberden is perfectly true, that beyond the general rules of low and moderate diet and full diet with which every practitioner must be acquainted, every man knows best what agrees with him, and he can ascertain it as well, if not better than the doctor. The object of minute rules is often rather to make an impression on the patient than to lay down any specific plan which will do essential good. *Assa vero, an elixa eligenda sint, olerumve utrum utro sit utilius, modo communi judicio non caret, quam alius quilibet, tutius melioque deprehendet.* There is a difference between low diet, moderate diet, and full diet; and every practitioner should be very attentive to the quantity, and the nutritious and stimulating quality, of the food which the patient is allowed to take. But *excessive* nicety in directions is too often *affected. Quomodo sanis, quomodo ægris vivendum sit, medici sæpenumero videntur nimis curiose et subtiliter disputare.*

SUBSCRIPTION FOR THE WIDOW AND ORPHANS OF THE LATE DR. NUTTALL.

To the Editor of THE LANCET.

SIR,—I need not refer you to the Number of THE LANCET, in which you did me the favour to insert my letter relative to the lamented death of Dr. Nuttall. I feel convinced you have not forgotten the offer you then tendered in behalf of his amiable and disconsolate family. Your promptitude in giving my letter a place in your valuable Journal gratified my feelings, but when I read the note which you attached to it, I felt supported and sufficiently authorized in endeavouring to ascertain the state in which the family were left, in order to avail myself of your liberal proposal, or to thank you for the same, and to convince yourself and readers that our fears were ungrounded.

The result of my inquiries is far from pleasing. I regret I cannot conclude by returning you only the sincere thanks of the friends of the deceased, for your sympathy and proffered exertions, and mine for the unexpected assistance you tendered. I say unexpected, because at that moment you had commenced an arduous and expensive undertaking for the benefit of the medical profession. I had heard of the vast sums of money you must risk in the contest for coronership, I was not, therefore, a little surprised, when I found you had volunteered your purse, as well as the use of your pages, to aid the friends of Dr. Nuttall in any object they might have in view for the benefit of his helpless orphans.

You have their thanks and mine, and you merit, not only on this occasion but many others, the applause of every well-thinking medical man, indeed of all mankind. You will do me the favour to omit no part of what I have written; I feel honoured in sounding your praise, and trust you will not allow any feeling of false delicacy to interfere with my request. And now, Sir, to my painful task.

For the benefit of some of your readers who may not possess No. 367 of your Journal for Sept. 11th, 1830, or rather for the benefit of our cause, I beg to refer them to pages 941 and 942 of the same, they will there see how I became acquainted with the late Dr. Nuttall, and why I feel so much interested for his family, also your appendix to my letter, which I shall copy here:—

"Should the friends of the late Dr. Nuttall consider a subscription for his amiable and distressed family desirable, our mite and the use of our pages shall be at their service.—Ed. L."

This unasked-for kindness on your part induced me to inquire more fully into the circumstances of the disconsolate family; having done so, and consulted with some of the late Doctor's friends, I find a subscription is not only deemed desirable by them, but absolutely necessary for the benefit of the five fatherless children. You, as well as your readers, will be convinced of this, when you are put in possession of facts.

Some time prior to the demise of my friend, his affairs had become embarrassed, owing to his having on more than one occasion lent his name to friends who proved treacherous—to the house in which he resided before he lived in Norton Street, remaining untenanted for upwards of two years—to his having contributed to the support of an aged and beloved mother,—and to the tender nature of his heart, which melted at almost every tale of woe, and induced him to alleviate the sufferings of the sick and distressed by pecuniary aid.

My former letter will partly serve to prove this last assertion. I could add many others of a similar nature, indeed I could fill a small volume with anecdotes of his charitable and other virtuous acts, which I have witnessed and heard of. Scarcely a day passes but I see some poor creature who has benefited by his kindness or professional advice, and who laments with genuine tears his departure from this world. Some may think Dr. Nuttall was indiscriminate in his givings. Not so: no man in London ever witnessed more real misery than he—no man's feelings were ever more tried. He has seen disease, starvation, and every misery, combined in one family; he has visited such at night in the severest weather, all huddled together in a cold desolate room, without a bed to lie upon, a blanket to cover them, or fire to warm their shivering frames. He has felt as every Christian should feel—he has acted as every Christian should act—he has placed fire on their hearths, food in their mouths, and from the dispensary sent medicine to restore the sick member to health. In many cases he has paid for medicines when delay would have proved dangerous. Who is the man that could condemn him—who is the man that would not applaud him?

I trust I have said enough to account for Dr. Nuttall's not leaving riches behind him. He may be blamed for not having made a provision for his family; he endeavoured to do so; he insured his life some years back for five thousand pounds, paid the insurance for a length of time, but through the perfidy of the friends to whom I before alluded, and from other causes, he failed to pay one instalment, and the insurance therefore fell. Some time after, he commenced again for two thousand pounds, which sum, I am happy to say, is safe, and the interest of which is all that is left to support the widow and five of the loveliest children parents ever smiled upon. Their education was their father's greatest care; he spared no labour to improve their minds—he allowed not a moment to pass without imparting to them some useful knowledge—he endeavoured to make them not only good members of society, but was preparing them for a life hereafter. What can supply the loss of such a parent? Can money? no; but it may serve to nourish the seeds he has so carefully sown in such fertile soil. Those who have the will, possess not the power, at least not to the extent which is necessary; I allude to the relations on either side.

The widow is still confined to a sick bed, her recovery is as yet doubtful; the loss of a beloved husband preys upon the mind, and other circumstances combined with bodily affliction, are almost too much for so delicate a frame to combat with.

For the information of some of your readers, I ought to have stated that Dr. Nuttall was one of the physicians to the Westminster Dispensary, Gerrard Street, Soho; that he laboured for the institution fifteen years up to the period of his last illness.

I feel convinced, and it is the opinion of many others, that the incessant toil of attending to the duties of the dispensary, assisted mainly in undermining his constitution, and to hasten his death. I have, on several occasions, seen him out after midnight in all weathers, visiting the sick poor; have walked with him, and felt delighted in offering him my arm, that I might profit by his conversation. Whilst I was in his

company he was never idle; I may say with truth, that his mind and body were constantly at work; indeed, "he was a man, take him for all in all, we ne'er shall look upon his like again." From the long-continued illness of the widow, and from the impossibility of Dr. Nuttall's attending to his professional duties, the little stock of cash he possessed prior to his fatal attack was so nearly exhausted, that the day after his death there was not found sufficient in the house to defray the next day's expenses. A friend, into whose hands was entrusted the arrangement of affairs, from his own purse supplied the deficiency, and paid the funeral expenses. An aunt of the unhappy widow arriving from Scotland, relieved him from a continuance of his voluntary kindness, and up to this moment, a period of nearly three months, the family are indebted to her for support.

The interest arising from the insurance will not be payable till twelve months after the demise of the insured. I am informed six months must elapse before even the claim commences, so that at the end of the year there will be only half a year's interest due amounting to 40*l*. When I first began this letter, it was my intention (wishing to spare the feelings of the widow and her relations) to have named only the orphans of my lamented friend; but having been made acquainted with what I have just stated, your readers will with me conclude, that some pecuniary assistance is even at this moment required.

From what I have heretofore witnessed, I doubt not but the sympathy of the profession, and mankind in general, will enable us soon to lighten the burden of the distressed widow and her praiseworthy relation, and to raise a sufficient sum to continue that which the last parent had so well begun—the education of the children.

We ask not for large sums from the profession, their mite will be gratefully received; but we call upon them to plead our cause, where they know charity to exist. Every medical man has it in his power, in the large circle of his acquaintance, to make known this case. We hope then that each into whose hands your valuable Journal falls, will lend us his aid, that he will become the receiver of subscriptions from his patients and friends, and that he will forward the same to Messrs. Hammersley, Greenwood, and Co., bankers, 69, Pall Mall, or to any of the undermentioned repositories for subscriptions. Three of the late Dr. Nuttall's friends have been fixed on to take the charge of subscriptions, and to dispose of them as circumstances may require.

As often as may be deemed necessary, the money received at the different places will be forwarded by them to the bankers, and, from time to time, your readers shall be apprised of the success met with, the manner of disposal, &c.

I remain, Sir,

Your very obedient servant,

J. H. Tucker.

16, Howland Street, Fitzroy Square,
Nov. 27, 1830.

A book (in which subscribers are requested to write their names, and the amount of donations) will be sent to the following gentlemen, who have consented to receive subscriptions:—

Messrs. Hammersley, Greenwood, and Co., 69, Pall Mall.

Mr. Robertson, 34, Gerrard Street, Soho.

The Rev. Mr. Stevens, 15, Huntley Street, Bedford Square.

Mr. Tucker, Surgeon, 16, Howland Street, Fitzroy Square.

The Lancet Office, 210, Strand.

Messrs. Callow and Wilson, Medical Booksellers, Great Windmill Street.

Messrs. Burgess and Hill, Medical Booksellers, 55, Great Windmill Street.

Mr. Highley, Medical Bookseller, 174, Fleet Street, and Webb Street, Maze Pond, Borough.

Mr. Anderson, Medical Bookseller, 40, Smithfield.

Mr. Taylor, 30, Upper Gower Street.

P.S.—Allow me, Sir, to say a few words to your brother Editors, whether conductors of medical journals, or of newspapers.

Gentlemen,—Having availed myself of the kind offer of the Editor of The Lancet, namely, the use of his pages for promoting a subscription for the benefit of the orphans of the late Dr. Nuttall, and whose character (intended for those who knew him not) I have but very faintly sketched, I sincerely hope you will likewise grant us, the friends of the deceased, all the assistance you can, and kindly publish to the world our intentions, with respect to the unfortunate widow and orphans.

I am, Gentlemen,

Your obedient servant,

J. H. Tucker.

16, Howland Street, November 27, 1830.

SUBSCRIPTION.

The Lancet..... 5*l*. 5*s*. 0*d*.

THE LANCET.

London, Saturday, December 4, 1830.

The election for a president to the Royal Society, took place on Tuesday last, when, upon scrutinizing the numbers that had balloted, it was found that there were 119 votes for his Royal Highness the Duke of Sussex, and 111 for Mr. Herschel; thus the Fellows of the *Royal* Society have elected a *royal* chairman. Had it been a *scientific* society, the president it has chosen might have found himself in unsuitable company. As this body has lost nearly all pretensions to an elevated character, Mr. Herschel may congratulate himself on not having obtained the chair; for high as is his character, and brilliant as are his attainments, he would have experienced great difficulty in supporting his reputation, pressed upon, as it continually would have been, by such a ponderous weight of ignorance. The Society is rotten to the core. It wants intestines, rather than a head. Taking the Fellows as a body, their character for science is not likely to be injured by the accession of the royal President; nor does the Duke's reputation for scientific accomplishments incur any risk of injury from the proceedings of the Society. Thus far they are happily associated. The Duke of Sussex is not without his merits; but if the Society enjoyed a high reputation, and if it were zealously devoted to the cultivation of the abstruse sciences, the election of his Royal Highness to the President's chair would have given us deep regret. As matters stand, however, we think the choice is likely to prove beneficial to the public in more respects than one. To the honour of the medical profession it may be stated that Dr. Prout, Dr. Pepys, Dr. Somerville, Dr. Chambers, Mr. J. H. Green, Mr. Brodie, Mr. C. Bell, Mr. T. Bell, Mr. Herbert Mayo, and Mr. Mantell, were among the zealous and OPEN supporters of Mr. Herschel. This speaks not less for their honesty than their judgment. A writer in *The Times* of Thursday asserts, that the election which took place on Tuesday was not for a President, but for a Member of the Council. Fah!

Mr. Charles Bell, it appears, is not a little piqued at his resignation having been so unhesitatingly and unceremoniously received by the Council of the University. Mr. Charles Bell had amused himself in this way so long, that his toys had become exceedingly disagreeable to his neighbours. He was not careful of their windows. It may have been very pleasant to Mr. Bell to toss "resignetion" papers two or three times a month to the Council, but such trifling could not fail in the end to prove exceedingly irksome to the objects of the annoyance. Other resignations, we understand, have taken place, and the University is in a fair way of overcoming many heavy difficulties by which it has long been oppressed. We beseech the Council not to act with precipitancy in filling the vacant chairs. The errors already committed on this head, should stand as a salutary caution in their future proceedings; and we implore them to elect by *concours*, by open competition, and not by the secret star-chamber method of deciding by private testimonials. In throwing open the doors to all scientific men of sound moral character, we should witness the brilliant sign that would distinguish this institution from the ancient abodes of ignorance and prejudice. To hundreds of aspiring geniuses it would then appear as the promising, the encouraging, beacon of their brightest hopes. Two or three more false steps in the choice of professors would retard the University for many years.

However much the surgeons of the present day may boast of their learning and of their successful labours in the field of medi-

cal science, it cannot be disputed that the respectable ancient Company of "pure" surgeons was very successfully opposed up to the year 1540, by the Company of Barber-surgeons. The barbers had been sufficiently influential to get regularly incorporated so early as 1460, while the "pures" could obtain no separate corporation, but thought themselves fortunate in being united with the Company of Barbers, when the joint association was styled "The Mystery and Commonalty of Barbers and Surgeons of London." Having blooded, shaved, and rooted out corns, clipped hair and legs, most successfully, the College of Physicians became alarmed for their reputation and their profits, and prosecuted the rising "shavers" and "pures" for divers infringements upon the rights of the fellows. The doughty knights of the razor and lancet were not, however, to be intimidated. The keen edges of their weapons proved an over-match for the gold-headed canes. The grand united company prevailed at court, and obtained from JAMES I. a charter, which entrusted to them the examination of all who should practise surgery within three miles of London. This was deemed a severe blow by the College of Physicians; nor was the infliction made less by CHARLES I., who extended the power of the shavers as far as seven miles from London. Thus matters stood until the reign of GEORGE II., when the barbers and bleeders could no longer agree. Their jealousies and disputes were at last so much heightened, that the throats and limbs of many of his Majesty's liege subjects were placed in great jeopardy. The strength of the razors ultimately prevailed, and the broken lancets were compelled, though, it seems, not very unwillingly, to retire from the field of contention; for the "pures" had contrived to obtain many friends at head-quarters, and immediately succeeded in procuring an act, which incorporated them into a distinct company, by the name of "The Master, Governors, and Commonalty, of the Art and Science of Surgeons of London."

Thus matters remained until the year 1790, when, owing to the death of several of the individuals who constituted the Court of Assistants, it was alleged by the survivors that the Company was dissolved, and they applied to Parliament for a new act, with a view to procure a greater extension of their privilges. The members at large, becoming alarmed at the contemplated attack upon their rights, petitioned against the bill, and, at last, got it thrown out of the Lords, after it had passed the Commons without opposition. Lord THURLOW particularly, and in no very measured terms, denounced the proceedings of the promoters of the bill; he characterised them as fraudulent and infamous, and it was owing to his Lordship's powerful influence, that the petitioners against the bill were successful. This contest took place in 1795 or 1796. In the year 1800, the defeated party, still engaged in their hole-and-corner proceedings, secretly petitioned his Majesty GEORGE III. for a charter to enable them to re-establish the functions they had so long enjoyed under the 18th of GEORGE II. In this application they succeeded. The charter was granted,—that charter by which the College is now governed, and by which the members of the College are still robbed, insulted, and degraded. To show how suited the letter and spirit of this document are to the character and accomplishments of the surgeons of the present day, it is only necessary to state, that this instrument is almost a *transcript of the charter which was held by "the Commonalty of Barbers and Surgeons in the year* 1500," and—still worse—BY THE COMPANY OF BARBERS INCORPORATED IN 1461! Yes; the present charter of the College of Surgeons in Lincoln's Inn Fields, DIFFERS NOT from that which WAS GRANTED TO THE BARBERS IN 1461! The managing parties are designated by different names, it is true; thus, "Master" is now denomi-

nated "President," "Governors" are called "Vice-Presidents," and the "Assistants" are styled "Councillors;" but the ordinances for the elections are precisely similar, directing that all vacancies occurring in the Court or Council, shall be filled up by the surviving members, thus precluding the commonalty from taking any part in such vitally important proceedings. The choice depends entirely upon the will of the surviving members of the Council. True to the letter of the barbers' charter, not one word is mentioned on the subject of the *scientific* qualifications of the candidates. Not that we would insinuate that the members of the Council are without their qualifications! Oh, it is a goodly "company;" truly a company of "shavers." That man who would not assist in abrogating such a charter as this, is not only a disgrace to the profession, but an enemy to the whole human race.

REUNION OF SEPARATED PARTS.

Although there are several instances on record in which parts, after having been completely separated from the body, have been afterwards reunited with it, we believe their number would be much greater if the possibility of such a union were more generally admitted, and the attempt to produce it more frequently made. The following cases, extracted from the "Heureberg Clinische Annales," will therefore, we trust, be read with interest:—

M. D., ætat. 21, had in a duel a piece of the nose cut off, ten lines in length and seven in thickness, comprising part of the alæ and the cartilaginous septum. The fragment fell on the ground, with its raw side turned upwards. It was immediately picked up, washed, and applied to the wound, and kept in this position for about ten minutes with the fingers; after this time it was fixed with sticking-plaster, and the wound repeatedly fomented with an aromatic infusion. On the third day the dressings were removed, and the nose carefully washed with warm aromatic vinegar; it was of reddish-brown colour, and reunion was found to have taken place at all points where the skin had been vertically divided; a small place only, where the section was horizontal, suppurated slightly. The uniting bandage was again applied, and the aromatic fomentation continued. On the fourth day the epidermis of the separated piece was of livid colour, and it seemed as if reunion was not so complete as had been suspected. The temperature and sensibility of the nose were, however, perfectly natural. The wound was dressed in the same manner as before, and lint dipped in a solution of sublimate was applied to the ulcerated part. On the 6th day the skin began to be detached; the subjacent tissue looked healthy, and was covered with granulations. On the 8th day a small portion of the skin came away, but the loss of substance was soon filled up. After this time no unfavourable symptom occurred, and in about a fortnight cicatrization was completed at all points.

In another case, a young man received in a duel with swords a wound by which a piece of the nose, half an inch in length and breadth, a flap of the upper lip, an inch in length and three lines thick, and, lastly, a part of the under-lip and of the apophysis menti, were chopped off. All these parts had fallen to the ground: the piece of the chin was immediately taken up and fixed in its place by fifteen sutures; the fragment of the nose could not be applied for about twelve minutes, and that of the upper lip was not found; the separated piece of the nose became reunited, excepting one-third, which came away. The wounds of the lips healed with a considerable loss of substance, and were cicatrized on the 40th day.

M. B., æt. 20, had, in a ruse, a part of the nose, of twelve lines in length and sixteen in breadth, chopped off; the stroke was directed more towards the left side, and the left ala was completely separated; the flap terminated at the upper lip, and adhered to it by means of a pedicle about a line and a half in diameter; there was a profuse hæmorrhage from the left nasal artery, which it was found necessary to tie; the flap, which meanwhile had become quite cold and pale, was then reapplied in its proper place, kept *in situ* by a few sutures and sticking-plaster, and fomented with aromatic wine. Towards the evening the piece of the nose had slightly recovered its temperature, but was still pale and collapsed. On the third day the dressings were cautiously removed, the piece of the nose was of a bluish colour, almost cold and quite collapsed, and the stump of the nose began to be covered with erysipelas. The edges of the wound were dressed with an ointment of camphor and Peruvian balm, and the fomentations were continued. On the 5th re-union had not taken place in any point of the wound, all points of suture had suppurated, and on the 7th the piece of the nose came away whilst

the patient was sneezing. The wounds were healed up after about seven weeks.

B., ætat. 21, of fair complexion, received in a duel a cut across the face, by which part of the tip of the nose, the alæ, and a portion of the septum, were separated; the piece was immediately reapplied, and kept in its place for a few minutes with the fingers, and then by means of a uniting bandage. The skin of the patient was so irritable, that the sticking-plaster caused an erysipelatous inflammation and a papular eruption, notwithstanding which, however, reunion was found to be complete on the third day, yet the separated piece was of a bluish colour, and it was expected that mortification would ensue; the skin became detached on the following day and came away leaving an unhealthy suppurating surface under the repeated application of a balsamic ointment, and the solution of sublimate, the ulceration became of a more healthy character, and after a few days the wound began to granulate. The separated piece retained its vitality, and cicatrization was completed on the 10th day.

Besides these four, the above journal contains twelve more cases, all observed by the same practitioner, in most of which reunion proved successful.

LONDON MEDICAL SOCIETY.

November 8, 1830.

Mr. Callaway in the Chair.

INFANTILE MARASMUS.

Mr. Dendy this evening read a paper on the pathology and treatment of infantile marasmus.

The study of those morbid affections which occur during the period of infancy is one, said Mr. Dendy, replete with interest. The helpless condition of the patient, the obscurity of the symptoms, the sudden exposure of the frame to the influence of external agents, the abrupt assumption of the duties which belong to the alimentary canal, and extreme susceptibility of the nervous system, are all matters of interest and importance.

Amongst the diseases which are arranged in the infantile nosology, there are few, the causes, symptoms, seat, and treatment of which have excited so great a diversity of opinion as the malady which has been denominated—*macies*—*atrophia lactantium*—*febris infantum remittens*—*hectic fever*—*tabes mesenterica*—*marasmus*. The causes of this diversity may have been various.

The immediate cause of marasmus is inefficient nutrition, arising either from a diminished or suppressed absorption of chyle, or by a deteriorated condition of that fluid which renders it, if absorbed, unfit for its important office in the animal economy. For although irritation of the nervous system may prove fatal of itself, it does so usually by its immediate effects on the brain, or the medulla. If the irritation be more protracted, the functions of the intestinal canal are from this cause deranged. These affections, as well as partial wasting or paralysis, it is not my purpose to treat. A healthy body, especially that of the child, is in a state of constant renovation and increase. The supervention of disease in those organs which perform this important function incapacitates them for their duty; their function is either altered, or suspended, or destroyed.

Granting some absorbing power to other tubes, the grand medium of nutrition is the lacteal apparatus of the intestines. Whatever, therefore, deranges the function or disorganises the structure of the mucous membrane of the alimentary tube, may be considered the exciting cause of marasmus. The chief of these causes are—retention of the meconium—dentition—exposure to cold—the recession of eruptions—deficient or excessive supply of aliment—deleterious food—worms—the poisons of measles, scarlatina, small-pox—of which diseases intestinal irritation and its consequent diarrhœa are the most frequent sequelæ. To this list it may be expected I should add those cases of profuse or increased discharges which are marked usually by wasting, as coryza, leucorrhœa, and perhaps diabetes, but if I admit those it would lead me to digress, as the emaciation attending them is a consequence of almost every disease in infancy. I wish here to confine myself to the abdominal sources of marasmus.

I consider then that there are two conditions of the mucous membrane of the bowels which induce marasmus—simple irritation and inflammation, or muco-enteritis—often a disease into which by neglect simple irritation may be excited, a fact which agrees with the opinion of Dr. Goelis, that the majority of infantile diseases bear an inflammatory character. I do not mean to assert that this diseased action invariably commences in the mucous membrane; many instances have, I doubt not, occurred where idiopathic inflammation of the peritoneum has been the primary disease, extending in the end to the mucous surfaces; although where we have ulcerations, and even fistulous openings at the points where the convolutions of the intestines lie in contact; it will be a difficult task to say in which tunic the disease first commenced. I believe,

however, that peritonitis is marked usually by the adhesive inflammation, and muco-enteritis by the morbid changes I have alluded to above. I am anxious to establish, as far as I can, the proper seat and nature of this distressing disease, because I think that error regarding this circumstance has been productive of frequent unsuccessful practice. The pathologist has been led away from the *commencement* of the lacteal tubes, by a fancied importance attaching to the mesenteric glands in the function of nutrition, or the tonic or stimulant plan been resorted to when depletory measures have been indicated. Hence wasting of the body has been described by the sweeping term tabes mesenterica, because a suppurating gland has been sometimes discovered on examination. My books had led me also into this error, but experience has often shown me, on the dissection of fatal cases of marasmus, how slight, if any, disease existed in the mesenteric glands—how extensive were the lesions of the mucous and peritoneal coats of the intestines.

The suppuration of mesenteric glands is generally a secondary disease, extending from other tissues; or in the scrophulous enlargement, it may be an ineffectual effort to expel some constitutional taint; or an incapability of resisting that action which, in a vigorous system, and within due limits, is set up to repair or relieve the vis medicatrix naturæ.

I believe that muco-enteritis may often exist as a primary affection, yet it may be considered also as an aggravated form, a consequence of previous irritation; but as the removal of that exciting cause will not effect the subsidence of an established inflammatory action, the distribution of the causes of marasmus into simple irritation and inflammation becomes of the greatest practical value, equal in importance to a knowledge of the seat of excitement.

Irritation may be termed a disorder of function—inflammation that of structure. In this distinction consists the practical importance, which if we disregard, we may on the one hand drain the system of its blood to absolute exhaustion with none but a fatal effect; on the other, we shall *neglect* those measures without which the same disappointment will follow. I shall, therefore, consider separately, but briefly, these two conditions of the mucous surface. If I have made myself understood, it will be perceived that I presume to endow these varied excitements with the power of producing the two diseases indiscriminately, but the action established on the membrane by the specific excitements—measles, scarlatina, and small-pox—is, similar to themselves, a disease for which nature herself will often establish the remedy—a salutary, or critical diarrhœa.

Simple Irritation.—Is characterised by those symptoms which have been termed mesenteric and infantile remitting fever. It is seldom that the disorder is observed by us in its first stage, the treatment of which is usually confined to the nursery. The child is restless and fretful, the prominent symptom being often simply constipation. To this succeeds a contrary condition of the alimentary canal; the secretion of the mucous surface is increased, the effort of the system, in fact, to dislodge a load from the bowels, and we have mucous diarrhœa established. This is the stage at which the patient is usually presented to us. The evacuations are mucous, slimy, or watery, sometimes of a grass-green mixed with flakes of mucus, and sometimes streaked with blood. Small hard buttons of feculent matter are often evacuated with the mucus, and these are attended by a most painful tenesmus: in the intervals the abdominal pain often ceases entirely, and the child will then suck *freely* and even eagerly, and appear lively. The heat of skin is not much increased, the pulse is accelerated, ranging often above 100, the lips are dry, and there is often an aphthous affection of the lining membrane of the mouth. Gentle pressure on the abdomen will rather soothe than irritate; and the child will even bear deep and firm pressure of the hand without crying,—the expression of complaint indeed, is generally more fretting than crying. This state will soon become aggravated; the diarrhœa and tenesmus will be more constant—often incessant, and prolapsus ani will take place. The child will become pallid—often of a livid complexion; the appetite fails; the pulse becomes less perceptible; the exacerbations of fever more frequent; the emaciation extreme; and in this condition the child will gradually sink.

In these cases dissection will discover to us little morbid change in the abdomen, except, perhaps, a superabundance of flaky mucus, or, in a protracted disorder, a peculiar emptiness of the alimentary tube; the colon will be often distended with gas, and throughout the small intestines numerous volvuli are often found. Death then usually occurs from a mere deficiency of absorption; the contents of the bowels being hurried past the mouths of the lacteals with great rapidity; of this condition I might cite numerous examples.

In this disease, however, as in many others, there may be a remote sympathy with other organs, which we are apt to overlook; with the membranes of the brain especially, in which chronic meningitis and ventricular effusion take place, as it will indeed even in cases of extreme irritability,

owing to the quality or quantity of milk from protracted suckling.

Muco-Enteritis.—In this disease we have some symptoms in common. It may, however, be distinguished from irritation by a more oppressed though fuller pulse, by greater heat of skin, by a physiognomic expression of suffering, especially about the alæ nasi and the lips, in the early stage by a feeble though shrill cry or scream, in the latter period by a dull moaning. There is a parched condition of the mouth and lips; the head is tossed to and fro; the pupils are much contracted as in meningitis, or dilated as in effusion (febris gastrica, or synochus); the legs are drawn up towards the abdomen, the belly is tumid, and there is pain felt on deep pressure. The absence of constipation will distinguish this, I think, from peritonitis, or at least from idiopathic inflammation of the peritoneum commencing in that membrane. The evacuations, in the advanced stage, are of a very peculiar character, a greyish pulpy mass like chewed paper. If the ear is applied to the belly there is a sound of constant gurgling, obeying the motion of the diaphragm in breathing, differing from the usual sound of peristaltic action. Eventually the pain will be more severe on pressure, and more extensively diffused; the peritoneum has partaken of the disease.

There is an essential difference in the type of fever, in the second form, there are seldom if ever remissions, the local excitement being constant.

On the examination, especially of protracted cases, the abdominal viscera will often be found matted together, so that it is difficult to distinguish them from each other, ulcerated or fistulous openings will be found perforating their coats. Both in the cavity of the abdomen, if that be not obliterated, and in the intestinal tube, pulpy or slimy, or purulent matter will be found. Livid patches are sometimes observed both on the surfaces of the intestines and the skin. The mesenteric glands will sometimes be found enlarged in this stage of the disease, and in a state of suppuration. We have very frequently symptoms which might appear to indicate extensive effusion into the ventricular cavities; it is not so often that we find much evidence of the disease about the brain, except that slight increase of serous secretion which is so commonly found in fatal cases of pneumonia, &c.

In the treatment of these forms of disease I have little to add; my purpose has been rather to establish a discrimination, which, being determined, we shall be easily guided in our practice by the general principles inculcated in our elementary study.

In many cases of simple irritation the removal of the exciting cause will be of itself sufficient to cure the disorder, ere inflammation be established. The mere incision of a gum will often appear to be the effect of magic on the child. The event, however, must mainly depend on the degree or duration of the diarrhœa; for if this flux be immoderate, the contents of the bowels will be hurried past the lacteal orifices to the effect of absolute exhaustion. It is, in fact, of natural hypercathartis. With regard to the following exciting causes—retention of meconium, deficient or overfeeding, unwholesome milk, the irritation of dentition, the presence of worms, the remedies must be obvious. During dentition, it is true that acute pain may, by directly influencing the brain and nervous system, exhaust the vital powers; but even here, in almost every case, I have observed diarrhœa has been a concomitant, if not a prominent symptom. In the cases produced by the application of cold, or the superficial cure of cutaneous disease, the re-establishment of free cutaneous transpiration, or the reproduction of the eruption, will be equally beneficial. In general, however, the recovery will be expedited by the exhibition of small doses of hydrarg. cum creta, adding occasionally some aromatic powder, and one or two drops of the liq. opii sedativus at night, and after some days the employment of a mild tonic. The form I would recommend is the following:—

Ferri sulph. exsicc., ʒss;
Pot. sulph., ʒiij;
Pulv. cascarill., ʒss. cap. gr. iv. ad x. b. ter die, and a few drops of acid sulph. aromatic; added to these remedies, a few drops of laudanum should be given in an enema of starch.

A more direct laxative is sometimes necessary even under a state of diarrhœa; for in those cases characterised by cachexia, the removal of a morbid coating, which sometimes accumulates to an excessive degree over the lacteal mouths, constitutes the laxative itself an indirect tonic.

Let me here briefly draw a distinction between the condition of tabes, and the state often consequent on weaning—the child gradually becoming thin, but otherwise not exhibiting symptoms of an unfavourable nature. Such may be, in fact, a natural and healthy change dependent on more solid nutriment, an increase of muscular growth and power, and a diminution of deposition into the adipose membrane.

In speaking of the management of the second form, muco-enteritis, I am more anxious again to draw the attention of the members of this society to the nature of the disease, than to fatigue them with a detail of treatment so plainly indicated. The destructive lesions, demonstrated on dissection, prove either that the disease has not

always been understood, or, if understood, inefficiently treated. It is in the early stages, while the evacuations are mucous or flaky, or of the spinage green, that we may hope to relieve. I believe that when the evacuations assume the appearance of the grey pulp, and are in great quantity, that no treatment will be available; destruction of parts has commenced, the repair of which is beyond the reach of art. In muco-enteritis, from one to four leeches should be applied to the abdomen; the hæmorrhage assisted by the application of a warm bread poultice every half hour, or the child immersed in the warm bath on the leeches falling off. The food light and mucilaginous.

It is right for me to state that I have examined several cases where the peritoneal coat has been extensively diseased, and the intestines agglutinated without much mark of disease in the mucous membrane. These cases, however, I believe to be not common, but from their protracted duration they would be as likely to exhaust life as any other form of chronic disease.

The pallid or livid complexion of the child in these diseases, has caused pathologists to determine that the symptoms arose from strumous taint of constitution and disease in the mesenteric glands, and hence they have adopted, indiscriminately, the tonic or the cordial treatment in all the stages. This I think an error, the glandular suppuration not being the result of abstract debility, but an effect of destructive inflammation on a texture endowed with deficient vitality, incapable of resisting even slightly increased action.

In some of these cases, although there had been the most striking indications of cerebral effusion, I have found the brain and its membranes of a perfectly healthy appearance.

In conclusion, let me not undervalue the cerebral pathology of infants. Although I consider idiopathic meningitis in children as very rarely occurring, yet from its being so readily induced by remote excitement, I not only always regard cerebral symptoms with great jealousy, but often advise depletion and evaporation from the head, when I suspect such excitement as dentition, or the subsidence of measles or scarlatina, &c., would be likely to induce disease about the brain.

At the conclusion of the paper, Mr. Proctor asked the author if he had not often found the liver morbidly enlarged in this disease.

Mr. Dendy replied, that in consequence of the great relative size of the healthy liver in infancy, he could not answer in the affirmative.

Dr. Whiting agreed with the author in his division. Irritation and muco-enteritis were often to be considered as cause and consequence. In the first state he would do little more than rigidly adhere to light diet.

Mr. Dendy concurred with Dr. Whiting as to the value of a judicious dietetic plan in all these diseases, but he thought the exciting causes of the complaint were too often overlooked.

November 15th.

ADMINISTRATION OF CORROSIVE SUBLIMATE IN TINCTURE OF BARK.

The subject of Mr. Dendy's paper was again discussed this evening, but the observations were of too discursive a nature to permit of their being reported with any advantage in the limited space we could afford to them. In the course of the evening the President (Mr. Callaway) spoke of a formula which he said had long been prescribed with the most beneficial results, by Sir Astley Cooper, Dr. Babington, and himself, in *tabes mesenterica*, especially in those chronic affections of the alimentary canal where change of structure had commenced, viz., a grain of the oxymuriate of mercury in an ounce of the tincture of bark, with some other vegetable tincture, the name of which we could not ascertain. A few drops of this were occasionally administered.

An impression seemed to prevail amongst the members, that this mixture was chemically incompatible, and its good, *as a mercurial*, was therefore questioned. One gentleman stated, however, that in a particular case which had come under his observation, he had known salivation result from its operation. Into this circumstance we have instituted an experimental inquiry; and as our observations will, we believe, reconcile the conflicting opinions, we may take this opportunity to state them.

When tincture of galls, considerably diluted with water, is mixed with a minute quantity of corrosive sublimate in solution, a fawn-coloured precipitate occurs, resulting from the formation of a per-gallate of mercury and tannin. A similar effect takes place with the tincture of bark, and proceeds from the operation of the same affinity. This per-gallate of mercury is dissolved, when heated to 98 deg., with either muriatic or acetic acid, a per-muriate or per-acetate being formed, and gallic acid and tannin set free. It will thus readily be understood, that, though chemically incompatible in the phial, the insoluble compound is again decomposed by the acid secretions in the alimentary canal, and that it there operates as corrosive sublimate, or the soluble *per*-acetate of mercury, as the case may be.

If, however, the corrosive sublimate be

mixed with an *aqueous* preparation of bark, it is reduced to the condition of calomel.

November 22 *and* 29.

BURNS AND SCALDS.

On the former of the above evenings, Mr. Thomas, a gentleman who is not a member of the Society, laid before the Society a paper on the nature and treatment of burns and scalds, which was originally written for the "Fothergilian medal," a prize that was offered by the Society last year for the best medical or surgical essay that might be presented within twelve months, by any gentleman not a member. Some irregularity, we believe, occurred to prevent the competition, and the present paper alone was submitted to the members.

The essay, though well drawn up, did not contain any thing novel on the treatment of the injuries in question. Its principal object was the recommendation of flour, of which the author, from experience, spoke very highly. A discussion on several points referred to by Mr. Thomas ensued, and was resumed on the following evening, the 29th, but it did not afford any information which is not already well known, nor any views which have not, probably, been already entertained by most of the members of the profession. Almost every variety of treatment obtained a recommendation from the speakers. A vote of thanks was subsequently passed to Mr. Thomas for his communication.

WESTMINSTER MEDICAL SOCIETY.

November 27, 1830.

Dr. Granville in the Chair.

ULCERATED URETHRA.

Dr. Granville described a case of ulcerated urethra in the female (communicated to him by Mr. Earle), which is at present under treatment at St. Bartholomew's, and for the cure of which a peculiar contrivance was employed; it consists of a perfectly flexible air-tight tube of gut, covered with India rubber, and filled up with a stop-cock and injecting syringe. The tube is introduced into the vagina and inflated by the piston, until it accommodates itself perfectly to the size of the passage, and exerts a certain degree of pressure on the fistulous opening from the urethra into the vagina. The destroyed portion of the canal is thus, as it were, artificially replaced, the urine flows through its natural passage, and the ulcerated orifice is gradually contracting in size. On the whole, it is hoped that a permanent cure will be effected.

CHOLERA MORBUS.

Dr. Stewart next read a short paper on cholera morbus, evidently intended rather to elicit discussion, than to communicate any peculiar facts or opinions. On the question of the contagious nature of cholera, Dr. Granville remarked, that some of the circumstances connected with the Indian and Russian diseases, were calculated to puzzle both the contagionist and the anti-contagionist. Mr. Bacot was of opinion, that diseases may be both of an endemic and epidemic kind; that cholera morbus may arise from atmospheric causes, and also from specific contagion: in this opinion he was corroborated by his own experience in hospital gangrene, fever, and other diseases, during the peninsular campaign. The Society in general seemed to agree in the great probability of the Russian cholera extending itself to England at no very remote period. Dr. Granville especially was inclined to this opinion.

The only peculiar mode of treatment was recommended by Dr. Webster, who contended that very small doses of opiates were better calculated to assuage irritation of the stomach than large quantities. He usually gave five or ten drops of laudanum, combined with ten grains of the sulphate of magnesia, with certain success. Mr. Evans fully corroborated the efficacy of Dr. Webster's method, and alluded to Mr. Brodie's prescription in the case of Miss Cashin, which he supposed was dictated with a similar intention.

ERRATUM.

To the Editor of The Lancet.

Sir,—In the last Number of your valuable Journal, in the report of the Westminster Medical Society, it is stated that "*Mr. Costello* said that cases had been lately published by *Spinaldi* in Italy, in which the secale cornutum was administered in *free doses*" in cases of hæmorrhage; I take the liberty to let you know, that *Dr. Spainardi* was the person who employed the remedy, and that he who made this remark, was

Your humble servant,

D. C. Negri.

26, Poland Street, Oxford Street,
Nov. 30, 1830.

PROPOSED IMPROVEMENT IN THE CONSTRUCTION OF SPECTACLES.

By MARTIN EVANS, *M.D., Teignmouth.*

MANY of your readers may be inclined to suppose that the subject of the present letter is misplaced, when inserted in the columns of your invaluable Journal. However, I am disposed to look upon any information which tends to remedy a defect in the organs of our most useful sense, the eyes, as perfectly adapted to them.

For some time past, I have been in the habit of using the doubly-concave eye-glass, commonly employed by young people, and have found that its utility may be very much, indeed wonderfully increased, by fixing it in a particular direction in relation to the eye. The statement for procedure in the experiment may appear obscure without the assistance of a diagram, but I shall endeavour to make myself as intelligible as the nature of the subject admits. That part of the glass which rests at the inner canthus should be fixed as a centre, whilst the part towards the external canthus is directed *forwards* to a degree which varies in different persons. When it reaches this point or focus, the object viewed appears extremely clear, so much so indeed as to justify an assertion of increase in a double ratio. Persons who do not require the aid of glasses cannot appreciate this improvement. Those only whose vision is so far impaired as to need such artificial contrivance will pronounce on its application. My experiments on the doubly-convex glasses of old people, have not been sufficient to bear me out in extending the principle to them; neither have I as yet arrived at a satisfactory rationale of the process; some of your readers, therefore, may be ingenious enough to do so. From the knowledge of this circumstance, I venture to suggest to Opticians a practical improvement in the construction of spectacles. It is the following:—Let the space between the lenses, or that part which rests on the ossa nasi, be formed with a *pretty stiff*, horizontal joint in the centre, in order that an obtuse angle could be formed when necessary, the vertex represented by the joint, the sides by those parts of the spectacles which surround the lenses and directed *forwards* to a certain extent as above mentioned. This shape, although at present appearing unhandsome, would by time, and its utility, be reconcilable to our ideas of beauty in figure.

Teignmouth, Devonshire,
October 25, 1830.

LONDON HOSPITAL.

To the Editor of THE LANCET.

"Still dipt in verjuice, Walford's angry pen
And dirty spite, resource of abject men,
Harmless play o'er his vitiated page,
Too high we stand to feel his scorn or rage;
Short is the course his calumny has run
But long enough to leave him quite undone."
OLD PLAY.

SIR,—Your correspondent, Mr. Walford, reminds one of a little petulant boy, who when quite vanquished flies to the last resource—*puerile abuse;* and although exuberant in unapt quotations, the torpedo of Burton Crescent must possess more electric matter before the touch of his pen benumbs even the weakest of Mr. Headington's pupils.

My friends' wearing the blue riband savoured of folly, and strongly too, so thinks Mr. Walford; but ere he gave utterance to that thought, should he not have recollected that the pupils' compliment was an emanation of the same feeling which called Mr. Walford forward in your cause? My friend did the best his circumstances allowed, *Mr. Walford could do no more*, and this was folly. How very expressive of respect is this honest confession to Mr. Wakley's cause, and proves that the radiated sense of Mr. Walford is reduced to a small focus indeed.

Poor weak man; in bidding him farewell, we cannot help expressing our obligations for the amusement his letters have afforded, and in return we wish him all the happiness a fallen spirit can attain. We can also assure him that our worthy teacher, Mr. Headington, cares little for the venom of his rage, nor would he sully his dignity even by noticing the mean reptile that has crossed his paths. To the bubbling effervescence of Mr. Walford's malevolent mind he stands

"As the high rock's majestic form
Frowns on the flood nor feels the storm."

I remain, Sir,
Yours respectfully,
J. RICHARDS.

London Hospital, November 30, 1830.

COLLEGE OF SURGEONS—ACKNOWLEDGED AVARICE.

To the Editor of THE LANCET.

SIR,—The author of the letter on "Collegiate Avarice," which appeared in the last Number of your Journal, was surely influenced, in the composition of that letter, by some secret antipathy to the honourable court of which he complained. The question which commenced your correspondent's

examination, should rather be the subject of congratulation than of censure; inasmuch as it virtually admitted, on the part of the College, what has long been supposed to be the true object of their exertions. I admire, Sir, the manliness of that admission; and only regret that the honourable court should have delayed it, until it was no longer necessary for the conviction of either the profession or the public.

I shall avail myself of this opportunity to caution many of your correspondents against the extreme severity and evident ill-nature of their strictures on the College. Such a style is rather calculated to weaken than support the cause which it is intended to serve. It is recorded of Mr. Curran that the most eloquent and most effective of his pleadings was one in which he confined himself to the *mere facts* of his brief, and I am sure that the same mode of attack would be excellently applicable to the conduct of the College-court. The bare mention of their schemes, the simple recital of their regulations, would awaken quite as much contempt as could possibly be given under any circumstances to such an institution. The bitterest eloquence of their opponents cannot censure them more severely than they censure themselves by their own daily conduct!

I am, Sir, with great respect,
Your faithful servant,
J. C. J.

Church Street, Blackfriars,
Nov. 29, 1830.

ABUSES IN GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As you have ever stood forward as the supporter of the pupils' rights, I am emboldened to ask the insertion of a few lines in your valuable journal. I am induced to ask what course we are to adopt when we are deprived of those privileges for which we have so dearly paid. Mr. Morgan professes to give his lectures on wounds three times a week, but he gives us sometimes two, and frequently not more than one a week, in consequence of his "being in the country," or "not having his diagrams ready." Why, I would ask, were not the drawings prepared before the 1st of October? Is this, as his colleague expressed it in his introductory lecture, doing his best to make "the short time we have to spend at the seat of learning (oh, dear!) most profitable?" and is it embracing every opportunity of improving us? No; this is Guy's Hospital treatment.

Again, post-mortem examinations, which take place almost daily, (successful practitioners!) are always *managed* in private; at least they are not publicly announced to the students; so that they are only attended by a favoured few. As these may be deemed liberal regulations by King Harrison and his sycophants, it is right that they should be published, for the benefit of those young gentlemen who may be coming to London, to expend their money in the pursuit of knowledge.

A SURGICAL PUPIL OF GUY'S.

P. S. Mr. Morgan has now deceived us three nights following. Do tell us our remedy.

Nov. 25, 1830.

ST. BARTHOLOMEW'S HOSPITAL.

TUMOUR OF THE NECK.

THE patient, the subject of this affection, was admitted into Henry's Ward, about four months since, under the care of Mr. Lawrence. There was a hard tumour occupying the extent of the sterno cleido mastoideus, but no discoloration of the surrounding integuments. Nothing particular was done for it until about two months since, when the integuments covering this muscle became inflamed, and Mr. Lawrence then directed the repeated application of leeches, and subsequently the use of the camphorated mercurial liniment. About a month ago an ulcer formed over each extremity of the muscle, and a fortnight afterwards, Mr. Lawrence connected these ulcers by means of an incision through the integuments, by which a yellow inorganic mass, of the length and breadth of the muscle, was exposed, and was supposed to be the sterno mastoid. A portion of it was removed, and exhibited a fibrous appearance. On the following days, portions of this mass, which appeared detached, were removed, and about a week since, his neck and head were attacked by erysipelas, which was treated by antiphlogistic means. During the erysipelatous attack, delirium came on, and for this he was bled from the temporal artery to ʒ x, had his head shaved, and cold lotions applied. When we visited him on Saturday the 20th, the erysipelatous inflammation had disappeared, but the delirium continued, and his nervous system seemed very much depressed. He remained in this state until to-day (Monday the 22nd of November), when he died.

Mr. Lawrence, at his clinical lecture, said that he had examined the body after death, and had found inflammation of the arachnoid membrane of the brain, a small quantity of fluid in the ventricles, and rather more than

usual vascularity of the brain. Nearly the whole of the muscle was of a dirty-yellow colour, disorganised, and scarcely a vestige of healthy structure could be found in it. There was also disease of the liver, but no other morbid appearances could be detected, and there was nothing discovered that might be supposed to have given rise to the disease of the muscle.

REPEATED HÆMORRHAGE AFTER AMPUTATION.

In our notice last week of the case of John Reeve, we omitted to date it October the 30th, the day on which we wrote the report. We may now observe that he went on well from that time until the 2d of November, when hæmorrhage again took place. Mr. Vincent was in the hospital, and saw him within five minutes of the recurrence of the bleeding, and found him in a state approaching to syncope. He had lost a very considerable quantity of blood, his countenance was quite pale, pulse scarcely perceptible, and the limb perfectly cold; the bleeding was not so free as it had been, but was still copious; the stump was opened, and the hæmorrhage immediately ceased; his pulse became imperceptible, and it was necessary to give him brandy, and to envelope the entire limb in flannels saturated with very hot water. As soon as his pulse rose a slight oozing of blood took place, and endeavours were made to find the bleeding vessels, but in vain. Mr. Vincent then made an incision in the direction of the popliteal artery, with the intention of tying it; but as no pulsation could be felt in it, this measure was not proceeded with. The fomentations were continued for an hour and a half, and so much spirit was given to him that he became tipsy. The oozing continued; no vessels could be seen bleeding, and Mr. Vincent filled the wound with lint, and left the patient, having directed some saline medicine to be given every four hours. He went on well again until the 8th of November, when hæmorrhage ensued, but to a slight extent only. The wound was opened, no bleeding vessels however could be detected, and it was again filled with lint, and the hæmorrhage ceased. Up to this time he had been allowed meat diet; Mr. Vincent now ordered him a milk diet, and to take the following draught every six hours:—

℞ *Aluminis*, ℈i;
Tr. cinchonæ comp., ℥i;
Infus. ros. comp., ℥iss.

On the 10th bleeding came on again, and was rather profuse. Mr. Earle being in an adjoining ward was called to him, when he found it necessary to give him brandy, and as soon as the patient had recovered from the syncope, an incision was made, by which the popliteal artery was exposed and immediately secured.

Nov. 30. There has been no repetition of the bleeding, and the patient appears to be proceeding favourably.

HOSPICE DE LA PITIE.

CANCER OF THE NOSE—EXTIRPATION.

G——, ætat. 32, was admitted in May last, with a carcinomatous affection of the nose; the disease was of about two years' standing, and seemed to extend over the cartilages of the nostrils and the septum, which had degenerated into a large ulcerated tumour. After having watched the case for some time, M. Lisfranc, who was of opinion that it was a case of superficial cancer, performed the following operation:—Two semi-elliptic incisions were made, by which the diseased part was circumscribed; the skin, with the subjacent cellular tissue, which was found to be the principal seat of disease, was dissected off the surface of the cartilages, scraped with a bistoury, and then touched with the nitrate of silver, especially at those parts where the disease did not seem to have been entirely removed by the knife. After a few days, the eschar having come away, healthy granulation began to take place, and cicatrization was completed within a short time.

HOPITAL BEAUJON.

FRACTURE OF THE NECK OF THE THIGH-BONE AND OF THE OS PUBIS.

A YOUNG girl of robust constitution, but who had of late presented symptoms of mental derangement, threw herself, on the 7th of October, from a window on the second floor. On being taken up, she was found to have a slight wound in the neck, and a violent contusion over the right hip. Twenty-five leeches were immediately applied, and on the next morning she was brought into the hospital. There was much swelling and ecchymosis at the upper and external part of the hip; the patient could not move the thigh, and complained of violent pain whenever it was raised; the limb was not shortened or distorted in any direction, nor could any crepitation be heard on motion. The limb was placed on a double-inclined plane, and the patient ordered to be bled. During the following days delirium acceded, with tenderness of the abdomen and tympanitis, and suppression of the urine and fæces, and

she died on the 14th of October. On examination, the muscles which cover the joint were found much contused and infiltrated with blood; the articular cavity was filled with a thin reddish turbid fluid, and the neck of the thigh-bone, at about three lines from the shaft, was obliquely fractured. The fragments being in close contact with one another, accounts for the absence of distortion after the accident. The cellular tissue of the pelvic cavity round the bladder and rectum was infiltrated with a brownish matter, particularly at the right side, where the horizontal branch of the os pubis was found fractured at the distance of about a line from the spina pubis. The fragments were about three lines distant from each other; the external fragment being drawn upwards and outwards.—*Lanc. Franc.*

HOPITAL DE LA PITIE.

LITHOTOMY.

C——, ætat. 60, of a feeble constitution, had, during the last nine years, been labouring under symptoms of stone in the bladder. Being admitted at the hospital under the care of M. Velpeau, lithotrity had been tried, but without success; the stone being very large, M. Velpeau was rather disposed to perform the high operation. M. Lisfranc, however, declared himself against it, and the lateral operation was accordingly decided upon, and performed on the 21st of October. After the incision in the bladder, the stone was easily grasped, but proved to be so large, that all attempts at extraction failed, and M. Velpeau was obliged to enlarge the wound, first in a lateral direction, and then by dividing the prostate. The forceps being now re-introduced, the stone was again seized, and at last, though not without violent efforts, extracted: it was of an oval form, two inches and a half in its large, and two inches in its small diameter. Contrary to what had been supposed from the previous examination with the sound, no other calculus was felt in the bladder, which was large, but healthy. On the 29th of October the patient was going on favourably; the hypogastric region was neither tense nor tender; the urine still passed through the wound.—*Ibid.*

HOTEL DIEU.

OBLITERATION OF THE VAGINA.

Angel. Andre, ætat. 22, was admitted on the 12th of August with violent colic pain, which she attributed to a stone in the bladder, but which, on examining the genitals, was found to be caused by the accumulation of the menstrual blood in the uterus, in consequence of the vagina being obliterated. She had been quite well until about three months ago, when, in consequence of great excesses in drinking and debauchery, she was seized with violent inflammation of the genitals, which terminated in gangrene; the extremity of the clitoris, the nymphæ, and part of the large labia, went into mortification; the vagina ulcerated, and, after the inflammation had subsided, was found to be completely obliterated. In other respects the girl was quite well, but, at the time of the menses, the blood accumulated, and caused a sensation of weight and sharp colic pain in the hypogastric region. At the next menstrual period, these symptoms returned with increased violence; the colic pain, the attacks of which curiously enough always began at noon and ceased at about six o'clock in the evening, was very intense, and the patient experienced great difficulty in making water, and passing the stools. It was then only that she applied to a medical practitioner, who advised her to go into the Hôtel-Dieu, where the genitals were found to be in the following state: The large and small labia, as well as the extremity of the clitoris, were entirely wanting; the orifice of the vagina was very small, and terminated at about half an inch in a "cul de sac;" at the left iliac region there was a large tumour, which could also be felt by the finger in the rectum; it was of a globular form, moveable, and exhibited distinct fluctuation, and no doubt was entertained that it was the upper portion of the vagina distended with blood. On the 10th of August the following operation was performed by M. Dupuytren: a long trocar was passed into the contracted orifice of the vagina and plunged into the tumour, and the opening thus made was enlarged in several directions with a bistouri, carried along the canula of the trocar. A large quantity of dark, viscid, inodorous blood was thus evacuated, and the cavity having been washed out by the injection of warm water, a further examination of the parts was made. The parietes of the vagina were found to be adherent to one another for the space of about two inches, beyond which was a very considerable dilatation which had contained the menstrual fluid; the os uteri appeared to be closed. A tube of gum elastic was introduced into the vagina, and the patient went on well for a fortnight, when she was attacked with pneumonia which proved fatal in about nine weeks. It is remarkable that the pain in the chest appeared to be relieved by the removal of the canula and increased by its re-introduction. A similar case is related in a late number

of the *Lancette Française*, by M. Patrix; the patient had, after delivery, been affected with peritonitis and inflammation of the genitals, which terminated in gangrene; a great portion of the external genitals sloughed away, and the vagina became completely obliterated, although every-thing was done to prevent it. By the continued use of lint-tents, however, M. Patrix succeeded in reproducing the former canal; the woman subsequently became pregnant and was safely delivered.

In a case of congenital obliteration of the vagina, which was admitted in 1829, M. Dupuytren evacuated, by the operation, more than three pints of viscous dark-coloured, but inodorous, blood; the patient was twenty-two years of age, and had, according to her statement, felt the first symptoms of menstrual congestion in her fourteenth year. She got perfectly well after the operation. The blood was submitted to chemical analysis by M. Thenard, who convinced himself that it did not contain the least particle of fibrine or serum.—*Lanc. Franç.*

HOPITAL DE LA CHARITE.

EXARTICULATION AT THE SHOULDER-JOINT.—TRANSFUSION OF BLOOD.

C. A. was on the 29th of July brought to the hospital with a gunshot wound at the right shoulder. On examination, the bone having been found to be minutely fractured, exarticulation at the shoulder-joint was immediately decided upon, and performed by M. Roux. No unfavourable symptom occurred after the operation, the wound began to heal up, and had even cicatrised for the greater part, when, on the 25th day, a slight discharge of blood took place from the ununited part of the wound, and was soon followed by real hæmorrhage, so that M. Roux, finding the application of external remedies without any effect, resolved upon tying the subclavian artery below the clavicle, according to Scarpa's method, viz., by interposing a small cylinder of adhesive plaster. The hæmorrhage was thus arrested, and the patient again went on favourably for about a week, at the end of which, however, a new hæmorrhage took place from the wound of the last operation. The usual remedies failed again in arresting the blood, and M. Roux saw himself obliged to tie the artery for a second time above the clavicle; two ligatures were applied, and the artery divided between them. The hæmorrhage was, however, not arrested, and the blood continued to ooze from the wound of the first ligature, at the same time pleuritis began to develop itself; the patient was extremely exhausted with delirium at intervals, and in a state of the greatest depletion, so that M. Roux decided upon resorting to transfusion as the last resource. At the commencement of the operation there seemed to be a resistance to the blood passing into the vein, but it was soon overcome, and the operator succeeded in injecting about a pint of blood, which, however, could have scarcely reached the heart, when the patient was suddenly seized with a fit of suffocation and died instantly. On examination, several fragments of bone were found in the wound from the amputation, near the origin of the external thoracic artery, where the cylinder of sticking-plaster had been applied; the subclavian was ulcerated, the two other ligatures had not produced any alteration in the vessel. The heart and left subclavian vein contained much coagulated blood; the left lung contained some small abscesses.—*Gaz. Méd. de Paris.*

CHOLERA MORBUS IN RUSSIA.

At the sitting of the Institut National on the 2nd of November, a letter was read from M. Gamba, the French consul at Tiflis, on the commencement of the epidemy which is at present raging in Russia, and seems to threaten all Europe. The disease had shown itself in the autumn of 1829, at Teheran and Casbin, on the frontiers of Persia, and seemed to have been completely checked by the intense cold of the ensuing winter; in the spring of 1830 it broke out again at Tauris and Ghilan, and spreading along the western shore of the Caspian Sea, reached Lankerain, Soliam, Bakou, Dezbeu, and Astrachan, where its progress was for a short time arrested. It soon, however, extended further, and reached Tiflis on the 8th of August. On that day three soldiers of the garrison were seized with it and died within a few hours. It was rapidly propagated throughout the whole town, which was, on the 13th, filled with alarm and confusion, so that every-body fled and took refuge in insolated houses; the bazaars, caravanserais, and all public places, were shut up, and the population of Tiflis thus suddenly decreased from 30,000 to 8000. The poverty of the inhabitants, the intense heat of the season, and, above all, the scarcity of medical practitioners, seem to have contributed towards the extraordinary mortality and rapid propagation of the disease. Of the nine physicians who practise at Tiflis, four died within a short time. On an average, the disease was fatal eight hours after the appearance of the first symptoms, it began with a fit of syncope, which was followed by vomiting and diarrhœa, violent

convulsions, cramps, cold of the whole body and death. Bleeding, calomel, opium, and ether, had been employed without effect. Criminals were ordered to place the dead on litters, and carry them to the place of interment, where they were buried in their clothes. M. Gamba regrets that he cannot communicate any instances of generous devotion, which, he says, is completely wanting in Asia; he reports, on the contrary, a remarkable case of insensibility in a rich merchant, who within five days, lost his wife, mother, brother, and another near relative living with him; he had fled from the house on the first appearance of the disease, and returned within a few days after the decease of his family, not to bewail the dead, but to marry a beautiful young Armenian.

From the 8th of August to the 8th of September 5000 persons died at Tiflis and the neighbourhood. The same number have, according to late communications, perished at Tauris, where the plague had shown itself at the same time, but without its usual destructive character.—From the *Lanc. Franc.* and the *Gaz. Medic.*

TO CORRESPONDENTS.

Communications received from Dr. H. C. Field—Mr. Rennie—Mr. T. M. Greenhow—J. S. C.—Dr. G.—Dr. West—Mr. W. R. C. Clark—Mr. R. S. Richardson—Mr. Vaughan—Mr. R. Edwards—Dr. Home—Mr. Samuel Smith—Mr. Richardson—Mr. R. Thornhill—L. G.—Mr. Fergusson—Mr. H. Peter—Mr. Cazenove—Freewill—E. C. D.—Mr. Yates—M. J. Hutton—Mr. Nicol—Dr. Frederick—V. V.—Mr. Webster—W. S.—A Surgical Pupil of Guy's—Mr. Clark—Mr. Hamilton—Mr. Cattley—Y. Z.—Mr. Firth—Mr. Dermott—Judge not—Mr. A. Scott—Mr. Baldwin—A Surgeon-Accoucheur—A Reformer—A Medical Pupil—Caustic—A Surgical Radical—Mr. Willson—Mr. Corse—Mr. Thomas Long—A Looker-on—A Friend—Extract from Manchester Advertiser—Mr. Everitt—Mr. Woodham—A University Student—A Hater of Bats—Mr. Fowell—A Bartholomew's Pupil—Mr. Pearson—One of the Rubbed-out—Mr. Green—Dr. Nagle—Dr. Duval—Obstetricus, London, 4—Obstetricus, Stepney, 1—Obstetricus, York, 1—Argus.

A Surgeon-Accoucheur. The Apothecaries' Act does not give the Company any control over surgeons or accoucheurs.

Inquirer. Eighteen persons petitioned for the charter which was granted by George III.

A Subscriber. *We* contend that a regularly-educated medical man, whether physician or surgeon, can prescribe and dispense his own prescriptions; but curiously enough, according to the terms of the Apothecaries' Act, a member of the College of Surgeons cannot dispense the prescription of a legally authorized physician without subjecting himself to a penalty of 20*l.* The druggist is liable to no such penalty. Such is the blessed state of medical law. If a *single* writer in the medical journals of that day had understood the subject, the Apothecaries' Act could not have passed the Legislature.

A Reformist is referred to the foregoing reply. He stands in little danger; but the judges of the Common Pleas decided, in the case of *Allison* v. *Haydon*, that a surgeon could not recover for medicines which he had prescribed and administered in a medical case. Typhus fever, in that instance, was the medical case for which the surgeon had attended.

Lex. A Charter cannot repeal an Act of Parliament. The 18th Geo. II was not repealed, although the Surgeons' Company failed to comply with its ordinances. It is one of the royal prerogatives to restore corporate privileges that may fall into disuse. The Charter of Geo. III is a mere repetition of the 18th Geo. II, but the dignified term of "College" was then given to the Company.

An Enemy to Humbug, in noticing an inflated paragraph which appeared in *The Times* at the beginning of November, relating to Oxford, entitled "University Intelligence," trusts that no such delusive statements will prevent Englishmen from visiting the continental universities. He says, "When the library of the College of Physicians shall be alike accessible to all its members, and to the profession at large (for this College is the monopoly of Cambridge and Oxford), and when these Colleges shall, in the liberal current of the times, have opened their doors to the public in general, for a *trifling* pecuniary consideration, then the professors will be *known*, and men can appreciate their *worth*."

Q. The west-end practitioner was probably correct in his statement. Puncturing the pustules in small-pox to prevent disfigurement, has been practised with much success.

A Medical Pupil. The opportunities for medical studies in America are not equal to those of France. In the schools of London there are many American students.

A Constant Reader states, "that he has served nearly three years to a chemist and druggist, has attended two courses of surgical and clinical lectures, and can read a prescription well, but that the gentleman to whom he is apprenticed will not allow him

to dispense." The case of our correspondent is, certainly, very peculiar, as the complaints of ninety-nine apprentices out of every hundred are directly opposed to his. Until we are in possession of the whole of the facts, we cannot prescribe a remedy. He must refer to his indentures, the conditions of which, each subscribing party is bound by law strictly to fulfil.

A Looker-on. The writer displays much sound sense in his denunciations of non-medical coroners. The Harrogate Coroner, in the case of Mr. Williams, in neglecting to have the body opened, failed to discharge his duty, though the attorney would not have been a whit the wiser, whatever might have been the appearances. We are decidedly of opinion that the arsenical solution was not the cause of death.

The notice forwarded by *Mr. J. Green* would be charged at the Stamp Office as an advertisement.

We are of opinion that those practitioners who are sufficiently bold and liberal to publish interesting cases, with a view to add to our stores of knowledge, should not be subjected to the *castigations* of *anonymous* critics. Of course we do not mean to be understood as declaring that *all* anonymous criticisms are objectionable, but it is not manly to conceal the arm which points the "finger of scorn."

A Turnpike Man could become a governor by paying the fee. There is election for governors at that hospital.

A. R. K. Thanks; it may prove of service.

The medicines prescribed by *W. S.* are in common use, and the effects produced by them in the case of J. D. were not unusual. Nevertheless, the treatment was judicious, and the result fortunate.

Mr. Martin Van Butchell resides in Broad Street, Golden Square. He is a regularly-educated surgeon, and has been recommended by Sir Astley Cooper in cases of diseased rectum.

Mr. E. Campbell. The operation of tying the carotid, by Mr. Brodie, in consequence of hæmorrhage after the abstraction of a tooth, was performed in 1817. The details of the case may be found in the eighth volume of the Medico-Chirurgical Transactions, page 224.

A Country Practitioner reminds us, that the Apothecaries' Company have awarded prizes to students for their acquirements in botany. The occurrence had escaped our notice, and it certainly is not a very important one. Is it a company of herbalists? If they award any prizes at all, why do they not award them for attainments in the higher branches of medical knowledge? Botany, as it is now studied by medical pupils, is almost extra-professional, and little better than a waste of valuable time. Let the Company award *public examinations* to the students. The hints contained in the concluding part of the letter of our friend at Yeovil, will not be forgotten.

Mr. Lightbody, of Glasgow, has sent us an account of some cases of rheumatism and internal inflammation, which were successfully treated by the warm bath. The particulars are not sufficiently interesting for publication.

Reporter. The Goose Egg next week.

Inquirer, Anti-Quack, and others. The petition and affidavit have been forwarded to the Lords of the Treasury, but the solicitor, Mr. Henson, informs us that we may not receive their reply for some length of time. For the information of our correspondents, we will give some particulars of the account in our next Number.

BOOKS RECEIVED.

The Phrenological Journal to Dec. 1830.

Science without a Head; or, the Royal Society dissected. By One of the 687 F.R.S.'s. London, Nov. 1830. Ridgway, pp. 122.

Selections from Gregory's "Conspectus Medicinæ Theoreticæ," and Celsus "de Medicinâ;" containing the first Ten Chapters of Gregory, and the First and Third Books of Celsus; the parts fixed upon by the Court for the Examination of Candidates. For the use of Medical Students. By S. F. Leach. London, Highley, 1830, pp. 293.

A Grammatical Introduction to the London Pharmacopœia and Preface. By S. F. Leach. 2nd edit. London, 1828, pp. 180.

A New Mode of Ventilating Hospitals, Ships, Prisons, &c., being an efficient method of Destroying Contagion. By George Hawthorne, M.D. London, Longman, 1830. 18mo, pp. 84.

Parts 1, 2, 3, of Illustrations of Mr. S. Cooper's Surgical Dictionary, published monthly. Four Lithographic Plates, with Descriptions and References in each No. London, Longman, 1830, 8vo.

Some Observations on Fumigating and other Baths, with a Summary of Cases treated by J. Green, M.R.C.S. London, 1830. pp. 67.

The Veterinarian to December, 1830.

Underwood's Celsus to Part 10.